Memoranda MEDICAL, SURGICAL, OBSTETRICAL

ACUTE HAEMORRHAGIC PANCREATITIS

The following case presents certain interesting features which make it worthy of record.

The patient, a very stout woman weighing 15 st., was admitted with the following history. Two days before admission she developed pain across the upper abdomen, which continued until she came into hospital, and was so agonizing, soon after its onset, as to require morphine. The pain remained localized to the upper abdomen with no radiation. There was slight vomiting on two occasions during the illness, the vomitus consisting of food eaten a short time before, stained with a little bile. There was marked nausea for all kinds of food. During the illness her relatives noticed that she preferred to lie on her side rather than her back, but they could not say for which side this preference was shown. The temperature on the morning of admission and on the first day of her illness was in each case 100° F.

On admission, although complaining of pain in upper abdomen, the patient seemed to be far more troubled by extreme dyspnoea. The respiratory rate was 48 per minute, the face pale, and having a slightly cyanosed appearance. Abdominal palpation showed tenderness under the right costal margin and in the epigastrium, which was, in both situations, of moderate degree only. No abdominal distension was noted. She insisted upon lying on her right side, but shortly before death turned the other way, and remained in that position until the end. The cyanosis gradually became more marked, the quality of the pulse poorer, and she died seven hours after admission to hospital.

The following figures were obtained on admission, and at three-hourly intervals afterwards: pulse 130, 128, 134 per minute; respirations 48, 46, 44 per minute; temperature 101° , 102° , 103.8° F.

Post-mortem Examination

No jaundice was observed. The heart showed a slightly dilated left ventricle, the myocardium being rather soft. The lungs were normal. Well-marked and recent fat necrosis was present all over the omentum, mesentery, and in subperitoneal fat. On opening the lesser sac there was not only fat necrosis, but much haemorrhage into the tissues, the exposed pancreas being dull red with haemorrhage. The duodenum contained bile: biliary papillae, patent. There was some oedema of the mucosa in this region. The liver showed intense fatty infiltration with, probably, some degeneration: bile duct, patent and very slightly dilated. No calculi were present. The gall-bladder contained clear bile and about fifty small stones 1 mm. to 3 mm. in size, and having finely nodular surfaces. In the fundus of the gall-bladder there was a series of epithelial crypts enclosed in the wall, and containing stones, the whole forming a soft mass 3/4 in. across. The pancreas was entirely necrotic, and infiltrated with haemorrhage, which extended into the surrounding tissues. Spleen: enlarged and rather soft, pulp diffluent-septic spleen. Kidneys: cortex pale, organs rather soft, some cloudy swelling.

Commentary

The following conclusions are based upon the case described and upon two other cases seen.

1. It is usually stated that haemorrhagic pancreatitis is commonly diagnosed as perforation of the stomach or obstruction of the bowel. Those cases I have seen bore a greater resemblance to acute cholecystitis. In all of them the epigastric tenderness was much more localized and tenderness and rigidity less marked than with a perforation. In addition, there was very marked tenderness over the gall-bladder region in each instance. In no case was the temperature normal or subnormal, and in the case described above it gradually rose to nearly 104° before death.

2. In two cases in which Loewi's adrenaline eye test was tried the results were negative.

3. Slight cyanosis and dyspnoea are stated to be signs of acute haemorrhagic pancreatitis. These were present in two of the three cases, and appeared shortly before death. The third case showed neither symptom, and recovered after drainage of the pancreas and gall-bladder. It therefore seems that these symptoms are terminal features of the condition. Interference with the respiratory function through the diseased pancreas lying against the crura of the diaphragm is usually claimed to be the cause of the cyanosis. In two of the cases I have seen there have been no pathological features in the lungs, such as consolidation or collapse. In the third there was oedema of both bases. In the case described above it was noted that the cyanosis became more marked as the quality of the pulse degenerated and the temperature rose. It thus seems probable that the cyanosis is due to the toxic action on the circulatory system of the existing septicaemia.

4. It is interesting to note that impaction of a gall-stone at the ampulla of Vater, allowing the regurgitation of bile along the pancreatic duct, is by no means always the cause of acute haemorrhagic pancreatitis. The common bile duct was quite patent in two of the cases, and in the one described the contents of the bowel were examined for a gall-stone without success. There was nothing in the history of these cases suggesting gall-stone colic, but both cases were associated with infection of the gallbladder. Consequently it is possible that infection by continuity of tissue, or by the blood or lymphatics, may be active causes of the pancreatic condition.

Conclusion

From my very limited experience of this comparatively rare condition I have come to the following conclusion. When, upon the examination of a case which resembles acute cholecystitis, one finds that there is tenderness as marked in the epigastrium as it is in the right subcostal region, and that the patient appears a little more upset than is the case with an ordinary cholecystitis, the abdomen should be opened at once and a haemorrhagic pancreatitis looked for. This is important, for upon a busy receiving night there is a tendency for such a case to be left over. To procrastinate is fatal; for if one waits for what are commonly described as signs of the disease cyanosis, dyspnoea, ecchymoses of the loins—the patient is probably doomed to a very early death.

My thanks are due to Mr. John Patrick, who kindly allowed me to publish the case, which was admitted to his wards, and to Professor Shaw Dunn, who performed the post-mortem examination.

ALEXANDER LYALL, M.B., Ch.B.

Royal Infirmary, Glasgow.

A NOTE ON BLOOD TRANSFUSION

Experience of many blood transfusions has shown that the majority of difficulties are met with in the taking of blood from the donor, rather than in the giving of blood to the patient. The following technique, in the opinion of the writer, undoubtedly gives the best results.

The donor lies comfortably on a couch with his arm abducted to a right angle, his fully supinated forearm being supported on a table of suitable height standing some eighteen inches from the couch. A stool, on which is placed a bowl of water at a temperature of 110° F., is adjusted directly beneath the elbow, and a Keynes's flask containing 150 c.cm. of 2 per cent. sodium citrate is placed in it. The top of the flask should reach to within one inch of the back of the elbow. A sphygmomanometer is adjusted to the donor's arm, and raised to a pressure of 80 mm. of mercury. The front of the elbow is cleaned with ether, and then, using a small syringe and a very fine hypodermic needle, a drop of 1 per cent. novocain is injected over the selected vein, so as to form a superficial anaesthetized area of skin. Blood donors unanimously declare their gratitude for this, and the surgeon is enabled to use a large-bore venesection needle with greater

ease. The blood is drawn off with a well-sharpened French's needle, to which is attached a medium-sized piece of rubber tubing some six inches in length. Before use, citrate solution should be run through the needle and tube. The needle is introduced into the vein through the anaesthetized area with the point directed towards the hand, and the blood is run directly into the flask. The donor is asked to open and close his hand during this procedure. While the blood is being withdrawn, an assistant gently rotates the flask in a circular fashion to secure rapid mixing of the blood and citrate solution.

The points emphasized in favour of this method of drawing blood are: first, its simplicity; next, the fact that the donor experiences no pain; and, lastly, the introduction of the needle point in a distal direction to meet the venous blood flow seems to be more reasonable than the usual procedure of directing it proximally.

In cases of surgical emergency it has been found that the most suitable voin for the introduction of blood into a patient is the internal saphenous, where it lies just in front of the internal malleolus. It is very constant in its position here, and can be rapidly exposed through a horizontal half-inch incision under local anaesthesia. A cannula is inserted into the vein and tied in position. In the majority of cases the blood can be run in by gravity, using a funnel with a long piece of rubber tubing attached, but in a small percentage of cases, where the patient has had a considerable recent haemorrhage and the veins are collapsed, gravity is insufficient, and it is necessary to apply pressure to the entering blood. There can be no doubt that the apparatus of Geoffrey Keynes is one of the best for this purpose.

> A. M. A. MOORE, F.R.C.S.Eng., Surgical First Assistant and Registrar, London Hospital.

British Medical Association

CLINICAL AND SCIENTIFIC PROCEEDINGS

BORDER COUNTIES BRANCH

Subcutaneous Injection of Oxygen, and Carbon Dioxide with Oxygen

At the sixty-first annual general meeting of the Border Counties Branch Dr. D. C. Welsh, the incoming president, delivered an address on the use of oxygen, and carbon dioxide with oxygen, by subcutaneous injection.

Dr. Welsh explained that he proposed to deal with the administration of oxygen for its systemic action, and not to consider its injection into the peritoneal and pleural cavities and other sites for its local effects. Such administration might be beneficial in all cases where anoxaemia was present. Although a human being of average weight at rest consumed about 500,000 c.cm. of oxygen in the twenty-four hours, the amount actually stored in the blood was only about 600 c.cm. The amount the blood could store was termed its "oxygen capacity," but normally it was not saturated to full capacity, for arterial blood left the lungs containing about 96 per cent. of full saturation, and venous blood only 66 per cent. When the saturation fell as low as 60 per cent. the patient began to have difficulty in breathing. Muscular exercise resulted in the absorption of the oxygen in the blood, and thus caused a temporary fall in its saturation. The carbon dioxide which was formed stimulated the respiratory centres, resulting in deeper breathing and the absorption of more oxygen from the atmosphere. Excess of carbon dioxide was removed from the alveoli and more was able to escape from the capillaries ; thus a man was enabled to maintain a balance between his oxygen intake and his carbon dioxide output, and to retain his oxygen blood saturation at its normal level. Such a balance was less successfully achieved when for any pathological reason the entry of oxygen into the blood stream was impeded. This

resulted in an increase of the hydrogen-ion concentration to a point which broke down the alkaline buffers and caused the blood to become acid. The respiratory centres were then stimulated, partly owing to the acid reaction of the blood bathing them, and partly owing to the carbon dioxide which was liberated from the broken-down alkaline buffers. In spite of the stimulation of these centres the patient was prevented by the pathological condition from absorbing a larger amount of oxygen with each breath, and so the oxygen saturation of the blood remained below the 60 per cent. level, the breathing continued to be rapid, and the least exertion caused distress. So long as this low saturation persisted the increased hydrogen-ion concentration remained, as also did the stimulation of the respiratory centres, thus establishing a vicious circle which might lead to death. Inhalation of oxygen had not proved entirely satisfactory as a remedial measure for various reasons, one of which was that the absorption of this gas was limited to the capacity of haemoglobin to combine with it. The disadvantages of oxygen inhalation by means of the usual procedures could be avoided by injection, all that was necessary being the supply of a sufficiency to raise the saturation of the blood to a level at which the hydrogen-ion concentration became normal and respiration was made comfortable ; in actual practice doses of 150 to 500 c.cm. were satisfactory.

As soon as injection was commenced the absorption of oxygen began, as was indicated by the slowing down of the rate of respiration. The blood promptly assumed a brighter colour, and the haemoglobin absorbed as much oxygen as it could hold, the saturation rising to 100 per cent. instead of to the normal 96 per cent. It was probable also that some oxygen was carried free or in solution in the plasma. The effect of the injection was not in-tensified by increasing the dose, the larger dose merely taking longer to be absorbed and so lengthening the duration of its effect; the only way to increase the effect was to multiply the number of the sites of injection. The greater part of the dose remained at the site of injection, serving as a reservoir and continuing the action of the oxygen for two or three days. No danger was incurred either from too rapid absorption or from gas embolism. The condition called apnoea—the term applied by physiologists to cessation of respiration due to hyperoxygenation of the blood—had not occurred in Dr. Welsh's experience, though he had given about 2,000 injections. Gas embolism was not a possibility unless the oxygen was injected directly into a vein—an impossible occurrence if care was taken not to insert the needle in the neighbourhood of a large vein. The preferential site for injections was the outer border of the anterior surface of the thigh, about three inches above the upper border of the patella here there was a large subcutaneous space which could be inflated without pain or discomfort. The patients could walk without hindrance immediately after the inflation, so injections could be given in the consulting room if necessary. Any other site than the thigh for such injection could not be employed without some risk of harmful sequels—for example, emphysema of the neck might ensue after injection under the skin of the chest, or emphysema of the genital region following the introduction of oxygen under the skin of the abdomen.

Dr. Welsh then gave examples of actual cases, commencing with asphyxia in newborn infants. He described the mechanism of the prompt improvement which had been obtained, and explained how artificial respiration and the inhalation of carbon dioxide would be unsuccessful in the case of lungs which had not yet expanded. Moreover, when the respiratory centres were failing by reason of fatigue, their stimulation would be ineffective. In addition to neo-natal asphyxia, the injection of oxygen was particularly valuable in cases of drowning, suffocation, and carbon monoxide poisoning. In the last of these the oxygen saturation in the blood had fallen to zero, and injection was the only possible procedure. In lobar pneumonia the degree of asphyxia was less, but the cardiac embarrassment and failure could be effectively remedied by the injection of oxygen, especially since the good results would continue for several hours. The treatment could therefore be applied early, as soon as the first

hood and youth - a land

furnishing many fossils, ferns,

and fungi, and abundance of

wild flowers. He wrote on

Malvern Hills, and he largely

museums. He took a great

interest in politics, and was

strong on the Liberal side.

He was deeply interested in

the sanitary question, and

Public Health Section. He married in 1825 the eldest

daughter of Dr. George

Woodgate, by whom he left

an only son, G. W. Hastings, M.P. for East Worcester-

shire in 1880 and following years, and two daughters.

He died on July 30th, 1866,

May I add that the know-

ledge that I have seen a patient

of Sir Charles Hastings gives

me both pleasure and pride? The mother of Prebendary

was a president of

and natural of Worcestershire,

on

the Worcester

the

the

geology

especially

surgeon to the Worcester County Infirmary. Under the direction of Dr. Watson Phillips, one of the physicians to the hospital, he made numerous experiments on the nervous system. In 1815, when he was 21 years old, he entered Edinburgh Infirmary, where he continued his

work on experimental physiology and microscopy in medical research. He graduated M.D. in 1818, and was at once appointed physician to the Worcester Infirmary, and for many years was the leading practitioner in that city.

At this point I should like to express my sincere thanks, and the thanks of Association, to the the members and friends of Sir Charles Hastings's family for their exceeding kindness in giving so generously of their time and in furnishing me with so many important facts: the Rev. F. G. Shepherd, M.A., the rector of Ludlow, Prebendary Burton, M.A., the rector of Bitterley. and Mr. W. G. W. Hastings.

The founding of the British Medical Association has been described by another pen. I will only complete what I set out to do, to give a full-sized portrait of this great man. He was a vigor-

and to consider others, and the same spirit helped him to found the British Medical Association. I am told that the study of geology and natural history was his chief hobby and recreation; nor are we surprised at this, considering the nature of his surroundings during child-

the

and

history

developed



CHARLES HASTINGS, 1847

From the oil painting presented to the Worcestershire Natural History Society. Reproduced by permission of the Committee of the Victoria Institute Museum, Worcester.

and held high ideals of his chosen profession. Being a member of a large family he learned early to think of vears, not in tissues or outlook.

Burton's wife was attended ous, active-brained, generous-hearted man, fond of work, | by Sir Charles when the babies came, and I am pleased to say that at 87 she, like her husband, is only aged in

aged 72.

Centenary Meeting: Oversea and Foreign Guests

We print below the names of oversea representatives, delegates, oversea representatives of kindred bodies, and foreign guests who will be attending the Centenary Meeting, with their temporary addresses in this country.

		and a second			
Name	Home Address	English Address	Name	Home Address	English Address
Dr. Maude Abbott	Canada	C/o Dr. Helen Ingleby, 33, Crom-	Professor Wm. Bur-	India	
Major H. G. Alexander, I.M.S. (and Mrs. Alex- ander)	India	well Road, Kensington, S.W. C/o Manager, Lloyds Bank Ltd., 125, Oxford Street, W.1	ridge, M.D. Professor William Boyd, M.D., F.R.C.P. (and Mrs. Boyd)	Canada	Savoy Hotel, London
Dr. A. Lloyd Anderson	Canada	C/o London House, Caroline Place, Guilford Street, W.C.	Privatdozent Dr. A. Butenandt	Germany	
Dr. Carlos de Silva Araujo (and Madame Araujo)	Brazil	64, Romford Road, Stratford, E.15	Dr. A. D. Campbell LtCol. J. H. Campbell, D.S.O., B.A.M.C.	Canada Egypt	C/o Glyn Mills and Co., Kirkland House, Whitehall, S.W.
Professor Ludwig Aschoff	Germany	C/o Sir Charlton Briscoe, 30, Harley Street, W.1	Dr. Russell L. Cecil (and Mrs. Cecil)	U.S.A.	New Clarges Hotel, Half Moon Street
Dr. A. T. Bazin Dr. Mary V. F. Beattie	Canada British	Savoy Hotel, London C/o A. C. Richmond, Esq., 21,	Dr. Emile Colling Dr. John B. Colquhoun	Luxembourg Australia	Corfrach Banaire, Invernessshire
Dr. Jorgen H. Berner	West Indies Norway	Gordon Place, Kensington, W.8 Hotel Ambassador, Woburn Place, W.C.1	(ol. Sir Frank Connor, I.M.S. Dr. Rolf Creasy, jun.	Bombay India	St. James's Palace Chambers, Ryder Street, S.W.1 Waverley, Lee-on-Solent, Hants.
Dr.Bir Bhan Bhatia (and Mrs. Bir Bhan Bhatia)	India	87, Cowley Road, Mortlake, S.W.14	(and Mrs. Creasy) Major J. A. Cruickshank,	India	Lismoyne, Fleet, Hants.
BrigGen. H. S. Birkett (and Mrs. and Miss Birkett)	Canada	Herbert Tilley, Esq., F.R.C.S., 72, Harley Street, W.1	M.C., I.M.S. (ret.) (and Mrs. Cruickshank)	· • •	
Dr. H. Bodkin	SouthAfrica	C/o Mrs. Beryman, Boveagh, Collington Lane, Bexhill	Dr. F. Daubenton (and Mrs. Daubenton) Dr. W. T. F. Davies	SouthAfrica SouthAfrica	Royal Palace Hotel, Kensington, S.W.
Mr.H.E.Brawn, F.R.C.S. (and Mrs. Brawn)	SouthAfrica	Axmens Ford, Ramsdell, Basing- stoke	Dr. S. L. Dawkins (and Mrs. Dawkins)?	SouthAfrica	Nutcombe, Limpsfield, Surrey C/o Australia House, Strand, W.C.
Dr. A. Breinl	Australia	C/o The Agent - General for Queensland, Strand, W.C.	Professor P. P. Debono, M.D., F.R.C.S.	Malta	10, Bedford Place, London, W.C.1
Dr. R. Briercliffe, O.B.E. Dr. W. H. Brodie (and	Ceylon Hong-Kong	Burwains, Rhyl, North Wales C/o Chartered Bank of India,	M. le Dr. F. Decourt (and Madame Decourt)	France	Ambassadors Hotel, Upper Woburn Place, W.C.1
Mrs. Brodie)	and China	Australia, and China, 38, Bishops- gate, E.C.	Professor Armand Delille	Fran ce	Clifton Hotel, Welbeck Street, W.1
Rev. David M. Brown, M.D.	Rhodesia.	21, Morningside Park, Edinburgh	M. le Dr. Pierre Dibos (and Madame Dibos)	Fran ce	Ambassadors Hotel, Upper Woburn Place, W.C.1
Mr. R. Graham Brown, F.R.A.C.S	Australia	5, Adam Street, Portman Square,	LtCol. A. M. Dick, O.B.E., I.M.S.	India	C/o Messrs. Grindlav and Co. , 54, Parliament Street, S.W.1
Dr. G. Buchanan	SouthAfrica	C/o Mrs. Lee, Blagdon Barton, Paignton, South Devon	Dr. J. R. Dickson, O.B.E. (and Mrs. Dickson)	British West Indies	70, Lancaster Gate, W.

Centenary Meeting: Oversea and Foreign Guests (continued)-

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 Professor J. V. Governo J. G. Borghan M. Coshyan Y. Sanch, Coshyan Y. S	Sir John Goodwin,	Australia	C/o Army and Navy Club, Pall		-	Avenue Cricklewood NW2
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Max M	Hallinan) LtCol. W. L. Harnett,	India	C/o Westminster Bank, 10, St.	DI. Henry O. Mein (and	Ceylon U.S.A.	18, Gordon Street, W.C.1
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	Mrs. Miller)		St. Helens Place, E.C.3	LtCol. R. E. Wright,		umberland Avenue C/o Thos. Cook and Son, Berkeley
	DI. OUO MUIDRE	Denmark				Direct, W.1

Centenary Meeting Rotices

The hosts for the Centenary Meeting of the British Medical Association are the Metropolitan Counties Branch.

The Annual Representative Meeting opened at the B.M.A. House, Tavistock Square, on the morning of Thursday, July 21st, and will be continued on the three following weekdays.

There will be a pilgrimage to Worcester on Sunday, July 24th, for the purpose of unveiling two memorials to Sir Charles Hastings, who founded the Association at Worcester in 1832.

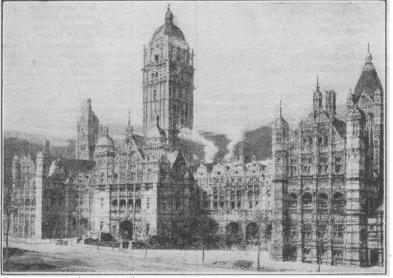
The incoming President, Lord Dawson of Penn, will deliver his address at the adjourned annual general meeting in the Queen's Hall, Langham Place, W., on Tuesday, July 26th, at 4 p.m. Its title is "One Hundred Years and After."

The Popular Lecture will be given at University College, London, on Friday, July 29th, at 8 p.m., by Professor Julian Huxley on "The Biology of Human Nature."

The Annual Exhibition of Surgical Appliances, Drugs, Foods, Books, etc., will be open at the University of London, Imperial Institute Road, S.W., from Tuesday, July 26th, to Friday, July 29th, from 9 a.m. to 6 p.m.

THE SCIENTIFIC SECTIONS

The clinical and scientific work of the Centenary Meeting will be divided twenty-four among Sections, meeting on Wednesday, Thursday, and Friday, 27th, 28th, July 29th, at the and



IMPERIAL INSTITUTE AND UNIVERSITY OF LONDON.

Imperial College of Science and Technology, South Kensington. (The Section of Medicine will meet in the Royal Geographical Society's Hall, Kensington Gore, S.W.; the Section of Surgery in the Imperial Institute, East Gallery; the Section of Bacteriology in the lecture theatre of the Science Museum, South Kensington; and the Section of Medical Sociology in the Great Hall, B.M.A. House, Tavistock Square, W.C.) The programme for the Sections, with lists of their officers, appeared in full in the *Supplement* to our last issue, and will be reprinted in the Handbook of the Meeting.

REGISTRATION AND TICKETS

All members must register at the Reception Room in the Imperial Institute, South Kensington, S.W.7 (near the Royal Albert Hall), which will be open on Monday, July 25th, from 2 p.m. to 6 p.m., and on the following Tuesday, Wednesday, Thursday, and Friday from 9 a.m. to 6 p.m.

After signing the book members will each be given a "Member's Card," which will entitle them to apply for two tickets for any entertainment or function, but no member will obtain more than two tickets until all other members are supplied. Tickets will be issued in priority of application on production of membership card.

All tickets will be issued at the ticket counter at the north end of the Great Hall, Imperial Institute.

CENTENARY DINNER

The Centenary Dinner of the British Medical Association will be held in the Royal Albert Hall, London, S.W., on Thursday, July 28th, at 7.30 for 8 p.m., under the presi-dency of Lord Dawson of Penn. H.R.H. the Prince of Wales will be the principal guest. Each member is entitled to bring, on payment, one guest (lady or gentleman). Medical men who are non-members of the Association cannot buy tickets. The majority of the dinner guests will sit at forty-two tables arranged on the "big floor " of the hall, but about 300 will be accommodated in the loggia and ground floor boxes. A perfect system of amplification is being installed so that speeches shall be heard clearly by everyone. Tickets will be allotted in strict order of application accompanied by cheque. A plan of the hall showing the seating arrangements for the dinner appeared in the Supplement of June 11th. Price of tickets, 30s. each. All applications to be addressed to the Honorary Organizing Secretary, Centenary Meeting, Tavi-

stock House North, Tavistock Square, W.C.1.

ACADEMIC DRESS

Academic dress will be worn at the official Centenary Service in the Cathedral and the High Mass at the Catholic Church, on Sunday, July 24th, on the occasion of the Pilgrimage to Worcester; at the President's Address and President's Reception and Dance on Tuesday, July 26th; at the Civic Reception at the Guildhall on Wednesday, July

27th. Those desiring robes should communicate with Messrs. Ede and Ravenscroft, 93–94, Chancery Lane, London, W.C.2, the official robemakers to the Association, or with the robemakers of their own universities.

OVERSEA GUESTS AND DELEGATES

Will all foreign Oversea Guests, Representatives, and Delegates please communicate with the Oversea Department, Centenary Office, Tavistock House North, Tavistock Square, W.C.1, giving date of arrival, by whom they are accompanied, and where and how long they are staying.

INFORMATION BUREAU

For the convenience of members attending the Centenary Meeting who will be in London during the week-end preceding the meeting an Information Bureau will be open at B.M.A. House, Tavistock Square, W.C., from 9 a.m. to 6 p.m. on Friday and Saturday, July 22nd and 23rd.

WORCESTER PILGRIMAGE

The Union Club, The Cross, Worcester, has kindly offered to make all male members of the British Medical Association attending the Pilgrimage on Sunday next, July 24th, honorary members of the club for that day. Brief particulars of the arrangements for the day are given at page 163 of this issue.

Centenary Meeting

EXCURSIONS AND ENTERTAINMENTS

The complete programme and time-table will be printed in the "Handbook" of the meeting. The following brief particulars of excursions and entertainments are supplementary to those given in the Synopsis of the Time-Table published in last week's "Supplement" (p. 33).

Sunday, July 24th

Pilgrimage to Worcester.

- Figrinage to Worcester.
 For those remaining in London visits to:
 1.45 p.m.—Oldlands Hall, Uckfield, Sussex, by invitation of Sir Bernard Eckstein, Bt.
 2.30 p.m.—Brooklands Motor Course, Weybridge.

Monday, July 25th

- a.m.—Tyrwhitt-Drake Zoo, Crystal Palace. 2.0 p.m.—The United Dairies, Willesden. 2.30 p.m.—Reception by Medical Society of London. 2.30 p.m.—Glaxo Factory. 3.0 p.m.—Visit to Newspaper Offices.

- 3.0 p.m. Visit to Newspaper Offices.
 3.0 p.m.-Lloyds.
 3.0 p.m.-Messrs. Bryant and May's Fire-making Museum.
- a. b. m.—Reception by Lady Dawson.
 b. m.—Reception at Wellcome Museum.
 c. m.—Reception at Wellcome Museum.
 p. m.—Reception at Forum Club.
- - Tuesday, July 26th

- Tuesday, July 26th
 9.30 a.m.—Down House and Chislehurst Caves.
 9.30 a.m.—Whipsnade Zoo.
 9.45 a.m.—Waltham Abbey, Epping Forest.
 10.0 a.m.—' Tourlets' of London.
 10.0 a.m.—' Tourlets'' of London.
 10.30 a.m.—Glaxo Factory.
 10.30 a.m.—Glaxo Factory.
 11.0 a.m. and 12 noon.—Punch Office.

 a.m.—Tyrwhitt-Drake Zoo, Crystal Palace.
 1.30 p.m.—B.B.C. House.

 1.45 p.m.—Messrs. Horlick's Malted Milk Factory, Slough.
 2.0 p.m.—Lew Gardens.
 2.0 p.m.—Lew Gardens.
 2.0 p.m.—Lew Gardens.
 2.0 p.m.—Lew Gardens.
 2.0 p.m.—United Dairies, Willesden.
 2.0 p.m.—Mexers. Lyons and Co., Ltd., Cadby Hall.
 2.30 p.m.—Express Dairies, Finchley.
 2.30 p.m.—Medical Society of London.
 2.45 p.m.—Drive through Surrey to Ripley.
 3.0 p.m.—Pusch Office.
 3.0 p.m.—Pusch Office.
 3.0 p.m.—Pusch Office.
 3.0 p.m.—Pusch Office.
 3.0 p.m.—Dusch Office.
 3.0 p.m.—Lodds.
 3.32 P.^{IIII}) Coeltaril carter at Claridae's hu invitation of Mr. Cecil Harmsworth.
 3.34 P.^{IIIII})

- 3.0 p.m.—Lloyds. 5.30 p.m.—Cocktail party at Claridge's, by invitation of to directors 7.0 p.m. directors. 9.0 p.m.—Newspaper Offices.

Wednesday, July 27th

- Wednesday, July 27th
 9.25 a.m.-Windsor-Bourne End.
 9.30 a.m.-Canterbury-Rochester.
 9.30 a.m.-Whipsnade Zoo.
 9.40 a.m.-Oxford-Blenheim Palace, by invitation of the Duke and Duchess of Marlborough.
 9.40 a.m.-Oxford-Marlow.
 10.00 a.m.-Wessrs. Lyons and Co., Ltd., Cadby Hall.
 10.30 a.m.-Glaxo Factory.
 11.18 a.m.-Warwick-Stratford-on-Avon. a.m.-Tyrwhitt-Drake Zoo, Crystal Palace.
 1.15 p.m.-Petworth House (picture gallery), by permission of Lord Leconfield.
 1.30 p.m.-Royal Observatory, Royal Naval Museum, and Dreadnought Hospital, Greenwich.
 1.45 p.m.-Imperial Airways, Croydon.
 20 p.m.-Burnham Beeches-Stoke Poges.
 20 p.m.-Hampton Court.
 215 p.m.-Hampton Court.
 230 p.m.-Messrs. Lyons and Co., Ltd., Cadby Hall.
 230 p.m.-Messrs. House, Gough Square.
 30 p.m.-Dr. Johnson's House, Gough Square.
 30 p.m.-Newspaper Offices.

- 3.0 p.m.—Salters' Hall, Fishmongers' Hall.
 6.0 p.m.—B.B.C. House.
 8.30 p.m.—Reception Wellcome Museum.
 9.0 p.m.—Reception, Mrs. Aughal Easter, 7, Sussex Place.
 9.0 p.m.—Newspaper Offices.
 9.30 p.m.—Dance, B.M.A. House, Tavistock Square.

Thursday, July 28th

- Thursday, July 28th 9.0 a.m.—Cow and Gate Factory, Templecombe, Somerset. 9.30 a.m.—Whipsnade Zoo. 9.45 a.m.—Waltham Abbey—Epping Forest. 10.30 a.m.—"Tourlets" of London. 10.30 a.m.—Messrs. Lyons and Co., Ltd., Cadby Hall. 10.30 a.m.—Glaxo Factory. a.m.—Tyrwhitt-Drake Zoo, Crystal Palace. 11.0 a.m.—Pictures at Bridgewater House, by permission of the Earl of Ellesmere. 11.45 a.m.—Messrs. Oppenheimers' Factory and Laboratories ; buffet lunch. 12.10 p.m.—Treloar Cripples' Home, Alton. 1.30 p.m.—B.B.C. House. 1.45 p.m.—Imperial Airways, Croydon. 2.0 p.m.—Knebworth House, by permission of the Earl of Lytton. D. L. Like Manne d Mulk Factory.

- Lytton.
- 2.0 p.m.-Kensington Palace, Leighton House, and Holland House
- p.m.—Oxo Factory.
 p.m.—L.G.O.C. Training Centre, Chiswick.
 p.m.—General Electric Company's Laboratories,
- 2.0 p.m.-L.G.O.C. Training Centre, Chiswick.
 2.0 p.m.-General Electric Company's Laboratories, Wembley.
 2.0 p.m.-Imber Court, Headquarters of the Mounted Police, by permission of the Commissioner of Metro-politan Police.
 2.0 p.m.-Hampton Court.
 2.15 p.m.-Hatfield House, by invitation of the Marquess and Marchioness of Salisbury.
 2.15 p.m.-Gas Light and Coke Co., Ltd.'s, Laboratories.
 2.30 p.m.-Express Dairies, Finchley.
 2.30 p.m.-Reception by Medical Society of London.
 2.45 p.m.-Drive through Surrey to Ripley.
 3.0 p.m.-Reversite Street.
 3.0 p.m.-Messrs 'Hall, Grocers' Hall.
 3.0 p.m.-Cordwainers' Hall, Clothworkers' Hall.
 3.0 p.m.-Lloyds.
 3.0 p.m.-Messrs. Bryant and May's Fire-making Museum.
 3.30 p.m.-Lloyds.

3.39 p.m. to to At Home, Lady English, 82, Brook Street.
6.0 p.m.
9.0 p.m.-Newspaper Offices.
9.30 p.m.-Dance at B.M.A. House, Tavistock Square.

Friday, July 29th

9.30 a.m.—Whipsnade Zoo.
9.30 a.m.—'' Tourlets'' of London.
10.0 a.m.—'' Tourlets'' of London.
10.0 a.m.—St. Albans.

a.m.—Tyrwhitt-Drake Zoo, Crystal Palace.
1.30 p.m.—Royal Observatory, Royal Naval Museum, and Dreadnought Hospital, Greenwich.
1.30 p.m.—Garden Party (3—5.30) at Ewhurst, Surrey, by invitation of Mr. and Mrs. Rowlands.
2.0 p.m.—Down House—Chislehurst Caves.
2.0 p.m.—Kensington Palace, Leighton House, and Holland House.

House. 2.0 p.m.—Kew Gardens. 2.0 p.m.—Penshurst Place, by invitation of Lord and Lady de L'Isle and Dudley. 2.0 p.m.—General Electric Company's Laboratories, Delica

2.0 p.m.—General Electric companys Laboratorics, Wembley.
2.0 p.m.—Imber Court, Headquarters of the Mounted Police.
2.0 p.m.—Imber Court, Headquarters of the Mounted Police.
2.0 p.m.—Mount Vernon Hospital, Northwood.
2.15 p.m.—Gas Light and Coke Co., Ltd.'s, Laboratories.
2.30 p.m.—Express Dairies, Finchley.
2.30 p.m.—Express Dairies, Finchley.
2.30 p.m.—Medical Society of London.
3.0 p.m.—Newspaper Offices.
3.0 p.m.—Coddsmiths' Hall, Barbers' Hall.
3.0 p.m.—E. John's Gate, Clerkenwell.
3.0 p.m.—Iohnson's House, Gough Square.
3.0 p.m.—Heyds.
3.0 p.m.—Messrs. Bryant and May's Fire-making Museum.
9.0 p.m.—Mc.B. Reception and Dance, Grosvenor House.

N.B.-Particulars of excursions and their prices will be found in the Handbook of the Meeting, which every member

will receive on registering at the Reception Room. We are asked to correct an error in the list of Clubs which have kindly offered hospitality to guests during the Centenary Meeting. "International Sports Club, Grosvenor House," should read "International Sportsmen's Club, Upper Grosvenor Street, W.1." The mistake has unfortunately been repeated in the Handbook. This club is open to both men

will receive on registering at the Reception Room

and women.

3.30 p.m.

Dr. Pierce retired from The Retreat in 1922, in which year he served on the departmental committee to investigate the well-remembered charges made by Dr. Montagu Lomax against mental hospital administration in general. After his retirement he paid visits to America, Africa, and India, and for a time he served as Lord Chancellor's Visitor. In 1930 he was made a temporary member of the Board of Control, but resigned the position in the following year owing to ill-health. Several of his writings were contributed to this Journal, including one on diagnosis in states of depression and another on the absence of facilities for treating mental disorders in their early stages. He wrote also on the history of psychiatry, on recovery from mental disorders, and on the training of mental nurses. His last years of retirement were spent with his married daughter at Harpenden, where, although his activities were restricted, he maintained his outlook on professional affairs. He was a member of the St. Albans Division of the British Medical Association until his death.

Among his patients and professional colleagues Bedford Pierce was a well-liked man, socially popular, a good speaker, vivacious and amusing, always courteous, and with an extremely practical mind. He gave the impression of a man in love with life, on good terms with all his fellows, and an earnest student in his specialty. He had been for six years a widower, and leaves a son and daughter, the latter-Dr. Marjorie Garrod-a member of the medical profession.

THOMAS FAWSITT, M.R.C.S., L.R.C.P. Consulting Surgeon, Oldham Royal Infirmary

We regret to announce the death at Oldham, at the ripe age of 86, of Dr. Thomas Fawsitt, one of the oldest and best-known practitioners in South-East Lancashire. Educated at Rugby School under Dr. Temple, who was anxious for him to be ordained, Fawsitt soon made up his mind to read "physic," and passed through the Manchester School of Medicine and Guy's Hospital, obtaining his M.R.C.S., L.R.C.P. in 1867. He then began practice at Oldham, working with his uncle, Henry Halkyard, F.R.C.S., who in turn had taken over the work of Dr. Fawsitt's father. In 1872, when the local infirmary was opened, he became a member of the visiting staff and did invaluable work there up till 1905, after which date he was elected consulting surgeon. Chairman of the Oldham Division of the British Medical Association from 1923 to 1925, he was president of the Lancashire and Cheshire Branch in 1925-6, and had been a Representative from 1903 to 1907.

A correspondent adds: Fawsitt was a very remarkable Wiry of build, possessing an indomitable willman. power and an infinite capacity for hard work, he built up a very large practice during the fifty years he was engaged upon it. He soon made a name for himself as an able and dependable doctor-indeed, it is not too much to say he became an "institution" in Oldham. He filled the positions of president and treasurer of the Oldham Infirmary, retaining the latter post till the time of his death. Active not only in advancing the professional efficiency of this institution, he was also a liberal benefactor during his lifetime, and by his will left the sum of $\pounds 10,000$ to augment its funds. A man of large heart and simple piety, he gave handsomely to all sorts of charities -medical, ecclesiastical, and lay-any, in fact, that could claim help in its distress; nor did he turn aside from individuals who applied to him and needed a helping hand in times of difficulty. Such a man was Thomas Fawsitt to his patients-the beloved and trusted doctor, and a household name which everyone loved. This was publicly expressed on his retirement from active practice in 1920, when he was made a Freeman of the borough and presented with his portrait in oils-now in the Borough Art Gallery-subscribed for by the general public. His funeral was the occasion of a remarkable demonstration of affection and respect, many thousands of people lining the route to St. Peter's Church, where the service was held, to show regard for and appreciation of their beloved doctor as he passed for the last time.

A. H. G.

The following well-known foreign medical men have recently died: Professor KARL SPIRO, director of the Institute of Physiological Chemistry at the University of Basel, aged 65; Dr. FERNAND DAUBRESSE, president of the Medico-Chirurgical Society of Brabant; Dr. PowILEWICZ, senior honorary chief of the Havre Maternity Hospital; Professor MAX MARTENS, head of the surgical department of the Bethany Hospital, Berlin, aged 63; Geheimrat ERNST MEYER, director of the psychiatric clinic at Königsberg, aged 61; Professor HERMANN THOMS, formerly director of the Pharmaceutical Institute at Berlin University, aged 73; and Professor JULIUS KENÉZY, director of the Women's Clinic at Debreczen, aged 51.

Universities and Colleges

UNIVERSITY OF OXFORD

At a congregation held on July 16th the following medical degrees were conferred:

D.M.-O. L. V. de Wesselow. B.M.-H. G. N. Cooper, D. G. Ferriman, E. Braithwaite, J. A. Nunn, W. S. Tegner, S. W. T. Bentall, P. M. F. Bishop, E. J. Williams, F. W. Brown.

UNIVERSITY OF LONDON

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE The following candidates have been approved at the examination indicated:

ACADEMIC DIPLOMA IN PUBLIC HEALTH.—C. A. Bozman, C. J. H. Brink, C. G. H. Campbell, E. J. de Verteuil, Mary G. H. Dickson, A. R. Forbes, Agnes B. Francklyn, T. O. Garland, J. C. P. Grey, R. D. Gross, F. B. Khambatta, *G. Macdonald, H. A. Mackenzie-Wintle, R. B. Mayfield, *R. M. Morris, L. E. J. Poulier, A. M. Samarasinghe, A. R. Thompson, K. C. Uppal, T. W. Ware, H. B. Wilson. (*Part I*): R. J. I. Bell, J. L. Burn, H. G. H. Butcher, L. P. Clarke, F. G. Macdonald, T. L. Narayana, Doris G. Sharvelle, * Awarded mark of distinction.

UNIVERSITY COLLEGE

The following awards have been made in the Faculty of Medical Sciences:

Medical Sciences:
Entrance Scholarship: D. F. Eastcott.
Entrance Exhibitions: M. Albert and J. Colover.
Buchmill Scholarship: A. V. Le Vay.
Bayliss-Starling Memorial Scholarship (Physiclogy and Biochemistry): C. H. Gray.
Schafer Prize (Physiology): F. G. Young.
Anatomy: Senior Class-Gold Medal, H. H. F. Barns; Junior
Class-Silver Medal, J. S. Horn.
Histology and Embryology: Silver Medal, I. Illingworth-Law.
Physiology: Senior Course-Gold Medals, D. V. Davies and J. H.
Cobb; Junior Course-Silver Medals, J. Horn and R. C. Tudway.
Organic and Applied Chemistry: Winter Course-Silver Medal,
K. D. Fraser.

COMBINED SCHOLARSHIP EXAMINATION

As the result of the combined hospitals university examina-tion, held at St. Thomas's Hospital Medical School on July 11th to 14th, the following scholarships and exhibitions have been awarded:

Guy's Hospital Medical School.—University Scholarship, D. F. G. Moir (Magdalen College, Oxford); Exhibition, P. W. Clarkson (Edinburgh University). St. Bartholomew's Hospital Medical College.—University Scholar-ship, J. W. A. Turner (New College, Oxford); Exhibition, G. Blackburn (Clare College, Cambridge), A. R. Kelsall (Clare College, Cambridge) equal Cambridge), equal.

St. Thomas's Hospital Medical School.—University Scholarship, H. T. Laycock (St. John's College, Cambridge); Exhibition, J. R. Rose (Queen's College, Cambridge),

UNIVERSITY OF MANCHESTER

The following candidates have been approved at the examination indicated:

M.D. (by thesis).—R. J. Batty, W. C. V. Brothwood, †N. S. Craig, †Margaret Egan, *D. Sheehan, *R. Whitehead, C. Wilcocks. * Gold medal. † With commendation.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

ROYAL COLLEGE OF SURGEONS OF ENGLAND A quarterly meeting of the Council of the Royal College of Surgeons of England was held on July 14th. Lord Moynihan, the President, announced the re-election to the Council of Mr. Wilfred Trotter, F.R.S., and the election of Mr. A. E. Webb-Johnson and Mr. G. Gordon-Taylor. Sir H. J. Waring was elected President in succession to Lord Moynihan, who has held office for the past six years. Mr. W. Sampson Handley and Sir Percy Sargent were elected vice-presidents. Mr. R. H. Burne (Physiological Curator), Mr. C. F. Beadles (Pathological Curator), Miss M. L. Tildesley (Curator of the Department of Human Osteology), Sir Frank Colyer (Honorary Curator of the Odontological Collection), and Mr. C. J. S. Thompson (Honorary Curator of the Historical Collection) were re-elected to their respective posts. Mr. J. H. Thompson was appointed Bernhard Baron Scholar, and Mr. Laurence O'Shaughnessy was reappointed College Research Scholar. The Hallett Prize for Anatomy and Physiology was awarded

The Hallett Prize for Anatomy and Physiology was awarded to J. S. MacMahon of Middlesex Hospital and Sydney Univer-sity, and the third Macloghlin Scholarship for medical students to Herbert Alstead of Wigan Grammar School.

The following lecturers were appointed for the ensuing year:

Hunterian Professors.—Sir Arthur Keith, six lectures on some anatomical subject; Mr. K. M. Walker, one lecture on perurethral operations on the prostate; Mr. P. H. Mitchiner, one lecture on an epitome of the tannic acid treatment of burns and scalds; Mr. J. Paterson Ross, one lecture on sympathectomy as an experiment in human physiology; Mr. H. P. Winsbury-White, one lecture on the paths of infection between the genital and reproductive organs and the urinary tract; Mr. Stanford Cade, one lecture on radiation treatment of buccal and pharyngeal cancer; and Mr. H. Jackson Burrows, one lecture on tissue culture in its relation to surgical nathology. pathology.

pathology. Arris and Gale Lecturers.—Mr. P. N. B. Odgers, one lecture on the lumbar and lumbo-sacral diarthroidal joints; Professor R. J. S. McDowall, one lecture on the physiology of experimental shock, with special reference to anaesthesia; and Mr. R. W. Raven, one lecture on diverticula of the pharynx and oesophagus, with special reference to the morphological and embryological aspects. Erasmus Wilson Demonstrators.—Mr. C. E. Shattock, Mr. C. P. G. Wakeley, and Mr. R. Davies-Colley, two demonstrations each in pathology.

pathology

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

Diplomas of Fellowship were granted to Israel Preiskel and Thomas King, and a diploma of Membership to Eric Rudkin. Licences in Dental Surgery were granted to forty-six success-ful candidates. Fourteen Diplomas in Public Health, sixteen Diplomas in Tropical Medicine and Hygiene, twelve Diplomas in Psychological Medicine, and eight Diplomas in Laryngology and Otology were granted jointly with the Royal College of Physicians.

The Buckston Browne annual dinner of Fellows and Members will be held on Thursday, November 10th, 1932, and the Lister Memorial Lecture will be delivered by Sir Charles Ballance on Wednesday, April 5th, 1933.

Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

Before Parliament rose on July 13th, the Royal Assent was given to the National Health Insurance and Contributory Pensions Act.

On July 13th Sir Hilton Young told Mr. Morgan that he had received the report of the inquiry by Dr. Eichholz on the problem of the deaf. It would be published as soon as practicable.

According to an assurance given on July 13th by Sir Hilton Young, all lard imported into the United Kingdom from the Netherlands bears a Government certificate that it is from animals which were free from disease at the time of slaughter. The nature of this certificate precluded its application to any product derived from inedible grease.

Medico-Legal

MEDICAL WITNESSES IN ACCIDENT CASES

The number of motor car cases brought in the High Court is increasing. Among these there is a certain proportion in which a party claims damages for personal injury which he says has been caused by the negligence of the other side, and it often happens that each side calls two or three doctors to give evidence on the question of the injuries. Each of these doctors has to wait about for an uncertain, and usually considerable, number of hours when he ought to be doing his work ; he has to give evidence and be cross-examined, a process which most medical men dislike heartily; and he receives a totally inadequate remuneration. The new Rules of Procedure which have been introduced experimentally into the High Court to try to expedite litigation have been much criticized, but at any rate they promise to ease the lot of the medical witness. Among the powers which are given to a judge trying a New Procedure case is that of referring to an expert referee matters concerning the extent and permanence of any injury caused or alleged to have been caused by the negligence of a party. Judges can already refer a whole case to a special referee, but not a special issue, except under this rule. Mr. F. W. Beney, in a recent lecture to the Solicitors' Managing Clerks' Association, explained that in personal injury cases the special referee—presumably a doctor—might find it advis-able to examine the injured person in the presence of the doctors of both sides. This should in most cases enable all the medical men to agree, so that there would be no necessity for any of them to be called to give evidence. As the rule stands, the referee furnishes a report to the Court ; both sides are allowed to see it, and need not accept it, and it is at the disposal of the judge for his assistance (under the New Procedure there will often not be a jury). The working of the rules is being anxiously watched, and they will probably be amended freely; Mr. Beney suggested as an amendment to this rule that if the parties accepted the report neither should be allowed to call any more medical or expert evidence without ample notice. Under another rule the judge can limit the number of expert witnesses called by either side. If the new procedure has the effect which it promises it will lead to a great saving of medical time and trouble.

The Services

HONORARY PHYSICIAN TO THE KING

Major-General H. C. R. Hime, D.S.O., late R.A.M.C., has been appointed Honorary Physician to the King, in succession to Colonel J. C. Kennedy, C.B.E., late R.A.M.C. (ret.).

DEATHS IN THE SERVICES

Brevet Colonel Sir Bruce Gordon Seton, Bt., C.B., Bengal Brevet Colonel Sir Bruce Gordon Seton, Bt., C.B., Bengal Medical Service (ret.), died at Edinburgh on July 3rd, aged 63. He was born on October 13th, 1868, the son of the late Lieut.-Colonel Alexander Seton, R.E., was educated at Bart's, and took the M.R.C.S. and L.R.C.P.Lond. in 1891. Enter-ing the I.M.S. as Surgeon Lieutenant on January 30th, 1892, he became Lieut.-Colonel after twenty years' service, Brevet Colonel on June 13th, 1913, and retired on May 20th, 1917. He served on the North-West Frontier of India in the Wasiriston comparison of 1894-5 when he was serverely wounded Waziristan campaign of 1894-5, when he was severely wounded, and received the frontier medal with a clasp; and in the Tochi campaign in 1897–8, gaining the medal with a clasp. Tochi campaign in 1897-8, gaining the medal with a clasp. In the war of 1914-18 he was in command of the Kitchener Indian Hospital at Brighton in 1914-16, was mentioned in dispatches in the London Gazette of July 27th, 1917, and received the C.B. on June 4th, 1917. For many years before the war he had held the appointment of secretary to the Director-General of the I.M.S. On March 6th, 1915, he succeeded his cousin, Sir Bruce Maxwell Seton, as ninth Baronet of Abercorn. In 1923 he advanced a claim to the Barony of Gordon, which after six years the House of Lords rejected, while admitting his descent. He was the author of Cavalry Elementary Veterinary Manual, 1895; with Lieut.-Colonel Jay Gould, of The Indian Medical Service, 1911; with Pipe Major J. Grant, of The Pipes of War, 1920; edited The Orderly Book of Lord Ogilvy's Regiment in the Army of Prince Charles Edward Stuart, October 10th, 1745, to April 21st, 1746, 1924; and The Prisoners of the Forty-Five, 1928. He married in 1895 Ellen Mary, daughter of the late Lieut.-Colonel Frank Armstrong, R.A.S.C., and leaves a widow, two sons, and two daughters. He is succeeded, as tenth baronet, by his eldest son, Lieutenant Alexander Hay Seton, Royal Scots.

Colonel Sir Hormusjee Eduljee Banatyala, C.S.I., Bengal Medical Service (ret.), died at Bombay on July 1st, aged 72. He was born on October 20th, 1859, was educated at Bombay University and at Bart's, taking the L.M.S. at Bombay in 1881, the L.S.A. and L.R.C.P.Lond. in 1882, and the M.D.Brussels in 1883. Entering the I.M.S. as surgeon on April 1st, 1884, he was posted to the Bombay Service, but was transferred to Bengal in December of the same year. He became Lieut.-Colonel after twenty years' service, and full Colonel on April 2nd, 1914, when he was appointed Inspector-General of Civil Hospitals in Assam, being the first Indian member of the I.M.S. to rise to administrative rank, and to hold the appointment of Inspector-General. He retired on April 23rd, 1919, but in the pressure for medical officers then existing was continued in employment as Inspector-General of Jails in Bombay in 1919, in Burma in 1920-1, and in Bihar and Orissa in 1921-2. He served in the Burmese war in 1886-7, taking part in the operations of the 1st Brigade, including the pursuit of Hla Oo, and received the frontier medal with a clasp ; and on the North-East Frontier of India in the Lushai campaign of 1892. He received the C.S.I. on June 14th, 1917, was appointed honorary surgeon to the King on December 22nd, 1917, and was knighted on June 3rd, 1920.

Surgeon Captain James McCardie Martin, D.S.O., R.N. (ret), died in London on June 30th, aged 72. He was educated at Edinburgh, where he took the L.R.C.P. and S. in 1880, and entered the Navy as surgeon in August, 1882, attaining the rank of fleet surgeon on August 28th, 1898, and retiring on February 16th, 1904, with an honorary step in rank as deputy inspector-general, now surgeon captain. When serving as staff surgeon on H.M.S. *Forte* at the time of the Benin expedition in 1897, he was landed with the Naval Brigade, and served in the operations up to and including the capture of the city of Benin, and carried a wounded brother officer, Surgeon Fyfe, R.N., off the field. He was then mentioned in dispatches, and received the African general service medal, with a clasp for Benin, and the D.S.O. In the China war of 1900 he served as fleet surgeon on the battleship *Barfleur*, flagship of Rear-Admiral Sir James Bruce.

Medical News

Delegates and members attending the British Medical Association Centenary Meeting will have an opportunity of seeing some rare books belonging to the Medical Society of London, which will be exhibited at 11, Chandos Street, Cavendish Square, W.1, on July 25th, 26th, and 27th in the afternoon between the hours of 2 and 4.

The Anglo-French Luncheon Club has for many years helped to strengthen the bonds of the *entente cordiale* by entertaining any distinguished French men who visit our shores. On Wednesday next, July 27th, the members of the club are entertaining at luncheon, at the Hotel Victoria, the French guests of the British Medical Association. The chair will be taken by Sir StClair Thomson.

During the Centenary Meeting the Section of Otolaryngology has arranged a demonstration at the Royal College of Surgeons of England, Lincoln's Inn Fields, on Wednesday, July 27th, at 2.30 p.m., when the Toynbee, Cheatle, Onodi, and laryngological collections will be on view. A short introductory address will be given by Sir Arthur Keith, F.R.S., followed by demonstrations of specimens by Mr. T. B. Layton and Mr. Negus.

The Earl of Iveagh will open the Southend New General Hospital on Tuesday, July 26th, at 3.30 p.m. The hospital was first started in November, 1929, when the foundation stone was laid by H.R.H. The Duchess of York. The building in its present state will accommodate 220 patients, including a special ward for twenty-one paying patients, with separate home for sixty-four nurses.

We have received from the Maudsley Hospital, Denmark Hill, S.E.5, the medical superintendent's report, which covers a five-year period ending December 31st, 1931. An account of the report will appear in a subsequent issue of the *Journal*.

The annual general meeting of the West London Medico-Chirurgical Society will be held at the West London Hospital, Hammersmith, W., on Friday, July 29th, at 5 p.m.

The only special course arranged by the Fellowship of Medicine for August is in urology; this will be given in the new buildings of All Saints' Hospital, Austral Street, West Square. It will occupy the afternoons with clinical demonstrations on cases, and opportunity will be given for graduates to see the work of the hospital and attend operations. Apart from this special course, individual clinics at various London general and special hospitals may be attended. The full list can be had from the secretary of the Fellowship, 1, Wimpole Street, W.1. Definite arrangement is made in the case of each clinic so that graduates do not journey to a hospital only to find the consultant has been called away. Clinics in nearly all subjects in medicine and surgery are available under this rota system, which is open only to members of the Fellowship.

A course on bacteriophages and their significance in medicine and natural science will be held by Privatdozent Dr. Curt Sonnenschein, from August 15th to 19th, at the Institute for Marine and Tropical Diseases, Hamburg.

The ninth International Congress of the History of Medicine will be held at Bucarest under the presidency of Dr. V. Gomoiu from September 10th to 18th. The principal subjects for discussion will be the evolution of medicine in the Balkan countries and the protection of Europe against plague, as well as a number of miscellaneous subjects, such as Goethe and medicine, by Professor Diepgen of Berlin, Robert Boyle and Polydore Vergil, by Professor J. F. Fulton of Newhaven, U.S.A., and Chaucer and mediaeval medicine, by Dr. J. D. Rolleston, who has been appointed the British representative at the congress and delegate of the Royal Society of Medicine.

The tenth International Congress of Psychology will be held at Copenhagen from August 22nd to the 27th, under the patronage of the King of Denmark. The official languages will be English, French, German, and Italian. Further information can be obtained from the general secretary, Studiestraede, 6, Copenhagen K.

The eighth International Conference organized by the International Union against Tuberculosis will be held at The Hague and Amsterdam from September 7th to 9th, 1932, under the chairmanship of Professor Nolen. The following subjects have been selected for discussion: (1) relation between allergy and immunity, opening report by Professor Jules Bordet (Belgium); (2) gold therapy, opening report by Professor Sayé (Spain); and (3) aftercare schemes for the tuberculous, opening report by Dr. Vos (Netherlands). According to a custom which has become established, the Netherlands Association against Tuberculosis will organize a study trip for members of the conference.

The second International Congress for Oto-rhinolaryngology will be held at Madrid under the patronage of the President of the Spanish Republic and the presidency of Professor Tapia from September 27th to the 30th, when the following subjects will be discussed: scleroma, introduced by Professor Belinoff of Sophia; ozaena, introduced by Professor Costiniu of Bucarest; otosclerosis, introduced by Dr. Duel of New York; bronchoscopy and oesophagoscopy, introduced by Dr. Chevalier Jackson of Philadelphia and Professor von Eicken of Berlin; and the treatment of malignant cases, introduced by Drs. Hautant and Lemaître of Paris, and Drs. Medoux and Sluys from Belgium. Further information can be obtained from the general secretary, Dr. A. Fumagallo, Argensola 16–18, Madrid.

The University of Cambridge has recently re-established the Diploma in Medical Radiology and Electrology, until September, 1936.

The Committee on Local Expenditure, at its first meeting at the Ministry of Health, appointed Sir William Ray, M.P., to be chairman of the committee, and Sir Percy Jackson, LL.D., vice-chairman. Subcommittees were set up on education, housing, public health, public assistance, roads, and agriculture.

At the East London Children's Hospital on July 13th Professor E. W. Hey Groves took the chair for a lantern lecture to the nursing staff on "Surgeons of other lands" by Professor Grey Turner. A vote of thanks to the lecturer was proposed by Sir Cuthbert Wallace and seconded by Mr. Warren Low.

At a meeting of the Osler Club held on July 12th, Dr. R. W. Chapman of the Clarendon Press, Oxford, delivered the fifth Oslerian Oration, on "Book production in the eighteenth century." A discussion followed in which there took part Dr. Robert Hutchison, Mr. H. L. Jackson (chairman of H. K. Lewis's), Mr. J. G. Wilson (managing director of Bumpus's), Sir D'Arcy Power, Mr. Geoffrey Keynes, Dr. R. O. Moon, Mr. R. H. Hill (secretary to the Bodleian Library), Dr. Harley Williams, and Mr. A. M. Muirhead.

At the recent celebration of the three hundred and fiftieth anniversary of the foundation of Warzburg University the rector, Dr. Flury, professor of pharmacology, delivered an address on new methods in therapeutics.

The municipal council of Rouen have decided to call one of their streets after Dr. Charles Nicolle, a native of the city, who has been appointed professor of medicine at the Collège de France.

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to The EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.

to The EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.
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The TELEPHONE NUMBERS of the British Medical Association and the British Medical Journal are MUSEUM 9861, 9862, 9863, and 9864 (internal exchange, four lines).
The TELEGRAPHIC ADDRESSES are: EDITOR OF THE BRITISH MEDICAL JOURNAL, Aitiology Westcent, London.
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MEDICAL SECRETARY, Mediscera Westcent, London.
The address of the Irish Office of the British Medical Association is 18, Kildare Street, Dublin (telegrams: Bacillus, Dublin; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumsheugh Gardens, Edinburgh. 24361 Edinburgh).

QUERIES AND ANSWERS

Cockroaches

"W. A. M." writes: I should be obliged if you could give a remedy for clearing beetles out of a house, which will not be injurious to either dogs or cats.

** Useful information on this and allied subjects will be found in Home Pests and their Destruction, by J. S. Bainbridge (W. Heinemann (Medical Books) Ltd., 3s. 6d.), and The Cockroach : Its Life History and How to Deal with It, by F. Laing (British Museum, Economic Pamphlets, No. 12, 6d., postage 1d.)

Stings on Throat or Lips

F. J. N. wishes to know "the correct treatment for throat or lip stings.'

Prevention of Gnat Bites

Dr. CYRIL R. LUNN (Olton) writes in reply to "J. A. S.'s" inquiry (July 9th, p. 85): I have found efficacious an application of equal parts of ol. eucalypti, ol. verbenae, ol. citronellae.

"Ferri Perchlor." in Skin Disease

Captain J. H. BOULTBEE, I.M.S., writes from Dalhousie, Punjab: May I endorse the remarks by Dr. F. W. Cory Punjab: May I endorse the remarks by Dr. F. W. Cory (Leeds) regarding the use of liq. ferri perchlor. in skin diseases (April 23rd, p. 784). I tried this in a most in-tractable case of tinea circinata occurring in a female patient. The rash was very extensive, and covered both hips and part of the loins. The history extended back for three months. The effect of applying liq. ferri perchlor., as suggested by Dr. Cory, was truly magical. Two applica-tions sufficed to clear the whole area. Previously I had tried applications of iodine and ointments containing acid salicyl. or chrysarobin. Very little success had accrued salicyl. or chrysarobin. Very little success had accrued from these, and the iodine applications had definitely made the patient worse. I have been unable to discover this remedy described in any textbook of tropical medicine or skin diseases, and in view of its apparent extreme value in tinea affections I think its use should be more widely known.

Income Tax

Deduction for Consulting Room

"L. H." has taken a flat at £140 a year in a neighbourhood suitable for professional consulting, and has set aside one room for that work, leaving one room, bathroom, and kitchenette for private use. What would be the proper charge against professional receipts?

** The excess over what might have been paid for adequate but less convenient or desirable accommodation elsewhere furnishes a guide, but the whole of that excess is not necessarily allowable if there are personal advantages also accruing from the flat taken. Taking one thing with another, however, half the £140 would seem reasonable to deduct for income tax purposes.

Residence in United Kingdom : Post-Graduate Course "P. Q. R." is in the Colonial Service on a year's study leave. He desires to spend some time on the Continent. What is the precise effect of the six months' provision? leave What is the precise effect of the six months' provision? If he is liable to income tax, can he deduct the cost of his passage and expenses in connexion with the postgraduate course?

* The rule in question provides that a person coming to the United Kingdom for some temporary purpose only shall not be charged to tax if he "has not actually resided in the United Kingdom at one time or several times for a period equal in the whole to six months in any one year of assessment." Consequently, if "P. Q. R." desires to avoid circumstances which will make him liable to tax, it will be advisable for him to arrange his absences on the Continent so as not to be in the United Kingdom for six months in all between the date of his arrival and April 5th, 1933. If he becomes liable he cannot deduct the expenses referred to, as they have legally to be regarded as capital outlay (improving professional knowledge, etc.) and not wholly, necessarily, and exclusively incurred in carrying out the duties of his appointment.

War Loan Conversions

"A. M. M." points out that untaxed interest is chargeable according to the amount received from the loan in question in the previous year, and asks whether persons who convert from the 5 per cent. War Loan to the $3\frac{1}{2}$ per cent. basis will next year continue to be liable on this year's-that is, the 5 per cent. basis-interest.

** We understand that where conversion takes place the holding will be regarded as a different one for income tax purposes, and that the $3\frac{1}{2}$ per cent. interest will be taxed next year on the amount received in that year and not on the 5 per cent. basis.

Liability of Assistant " living in "

"R. R." was acting as an assistant on a "salary of £350 a year, all found"; in fact, he was living with one of the a year, all found "; in fact, he was living with one of the partners in the practice. He has been assessed on $\pounds 500$, to include board and lodging at $\pounds 3$ a week. Is this correct?

** No. If the contract of service had provided for £500 a year, of which £150 was to be regarded as satisfied by the provision of board and lodging, it would have been different. The facts are apparently that he is liable on the £350 "salary," but the additional benefit not payable in money, or convertible by "R. R." into money, does not attract liability under the old rule in Tennant v. Smith.

Naval and Military Appointments

ROYAL NAVAL MEDICAL SERVICE

Surgeon Captains N. S. Meiklejohn, D.S.O., to the Vivid, for R.N. Barracks; F. L. Smith to the Victory, for R.N. Barracks. Surgeon Commanders F. St. B. Wickham, O.B.E., to the Victory, for Royal Marine Infirmary, Portsmouth; H. H. Babington to the Pembroke, for Chatham Hospital; J. G. Boal to the Egmont, for the Maine; A. W. Gunn to the Dolphin; C. H. M. Gimlette to the Medman.

for the Maine; A. W. Guin & the Dorphin, C. H. M. Sameric to the Medway. Surgeon Lieutenant Commanders J. J. Keevil to the Dauntless; W. P. E. McIntyre to the Egmont, for Malta Hospital; H. W. Strong to the Victory, for Portsmouth Dockyard. Surgeon Lieutenants S. Jenkinson to the Alecto; W. S. Davidson

to the Cicala.

The seniority as Surgeon Lieutenant of S. J. Savage has been adjusted to September 9th, 1928.

ROYAL AUSTRALIAN NAVY

Surgeon Lieutenant Commander R. Martin to be Surgeon Commander.

ROYAL NAVAL VOLUNTEER RESERVE

Surgeon Commander L. C. D. Irvine to the Victory, for Haslar Hospital.

Surgeon Lieutenant Commander H. Parry-Price to the Tiverton. Surgeon Lieutenant Commander H. Parry-Price to the *Tiverton*. Surgeon Lieutenants H. G. Ungley, A. S. Pearson, and J. F. Corr to the *Victory*, for Haslar Hospital; H. A. M. Whitby to the *Victory*, for R.N. Barracks; W. Gough (probationary) to the *Concord*.

Probationary Surgeon Sublicutenant F. W. Baskerville to the Victory, for Haslar Hospital.

ROYAL ARMY MEDICAL CORPS Captain A. M. Simson to be Major.

ROYAL AIR FORCE MEDICAL SERVICE J. F. Dales is granted a short service commission as a Flying Officer for three years on the active list.

AUXILIARY AIR FORCE: MEDICAL BRANCH Flying Officer A. T. G. Thomas (No. 604 County of Middlesex Bomber Squadron) to be Flight Lieutenant.

VACANCIES

BEDFORD COUNTY HOSPITAL .- Second H.S. (male, unmarried).

- BIRMINGHAM AND MIDLAND SKIN HOSPITAL.—Clinical Assistants in O.P. Consulting Room. BIRMINGHAM UNIVERSITY.—Assistant Lecturer in Anatomy.
- BOURNEMOUTH: ROYAL VICTORIA AND WEST HANTS HOSPITAL .--- H.S. (male)
- BRIGHTON: ROYAL SUSSEX COUNTY HOSPITAL .- C.H.S. (male).

BURNLEY : VICTORIA HOSPITAL.-H.S. (male).

BURY INFIRMARY, LANCE.-(1) II.S. to Special Departments. (2) Third H.S.

H.S. CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL, Gray's Inn Road, W.C.1.—Assistants in O.P. Department. CITY OF LONDON HOSPITAL FOR DISEASES OF THE HEART AND LUNGS, Victoria Park, E.—H.P. (male). COVENTRY AND WARWICKSHIRE HOSPITAL.—(1) H.S. for Aural and Oph-thalmic Departments. (2) C.H.S.

DONCASTER ROYAL INFIRMARY .- C.H.S.

DUBLIN: DR. STEEVENS' HOSPITAL.—Assistant Resident S. EVELINA HOSPITAL FOR SICK CHILDREN, Southwark, S.E.1.—H.S. (male).

GUILDFORD: ROYAL SURREY COUNTY HOSPITAL .- H.S.

HARTLEPOOLS HOSPITAL .--- H.S.

INARTLEFUELS INSPITAL.-II.S. HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.-Medical and Surgical Clinical Assistants (males) in O.P. Department. HULL ROYAL INFIRMARY.-(1) Third H.S. (2) A.H.P. Males. INVERNESS COUNTY COUNCIL.-Local Medical Officer for part of North

INVERNESS : ROYAL NORTHERN INFIRMARY .--- H.P.

JERUSALEM: ST. JOHN OPHTHALMIC HOSPITAL .--- R.H.S.

JERUSALEM: NT. JOHN OPHTHALMIC HOSPITAL.-R.H.S. KETTERING AND DISTRICT GENERAL HOSPITAL.-Hon. Radiologist, KING EDWARD VII WELSH 'NATIONAL MEMORIAL ASSOCIATION.-Third A.R.M.O. at Glan Ely Hospital. LANCASHIRE COUNTY COUNCIL.-J.A.M.O. (male, unmarried) for Wright-ington Hospital.

LINCOLN COUNTY HOSPITAL, J.H.S. (male, unmarried). LIVERPOOL AND SAMARITAN HOSPITAL FOR WOMEN.--H.S.

LONDON COUNTY COUNCIL.—R.A.M.O. at St. Charles' Hospital, Ladbroke Grove, W. LORD MAYOR TRELOAR CRIPPLES' HOSPITAL, Alton.—A.R.M.O. (male).

MACCLESFIELD GENERAL HOSPITAL.-R.M.O.

MACCLESTIELD GENERAL HOSPITAL.-R.B.O. MANCHESTER: ANCOATS HOSPITAL.-H.S. (Orthopaedic). MANCHESTER CITY.-(1) A.M.O.'s at Withington Hospital (unmarried). (2) A.M.O. (male, unmarried) at Booth Hall Hospital. MANCHESTER ROYAL INFIRMARY.-Surgical Officer to O.P.

MILLER GENERAL HOSPITAL, Greenwich Road, S.E.-C.O. (male, unmarried).

NEWCASTLE-UPON-TYNE: ROYAL VICTORIA INFIRMARY.-R.M.O. (male). NEWPORT, MON.: ROYAL GWENT HOSPITAL.-J.R.M.O. (male).

NORFOLK AND NORWICH HOSPITAL .- Hon. S.

NOTTINGHAM HOSPITAL FOR WOMEN .--- H.S.

OLDHAM ROYAL INFIRMARY .---- H.S.

PRINCESS BEATRICE HOSPITAL, Finborough Road, S.W.-Hon. Clinical Assistant.

ROTHERHAM HOSPITAL.-C.H.S. (male). ROYAL WATERLOO HOSPITAL FOR CHILDREN AND WOMEN, S.E.-Hon. A.P. ST. JOHN'S HOSPITAL, Lewisham.-R.M.O.

SLIFORD ROYAL HOSPITAL, LEWISHMIN.-M.M.O. SALFORD ROYAL HOSPITAL.-C.H.S. (male). SHEFFIELD: CHILDREN'S HOSPITAL.-H.S. SHEFFIELD: ROYAL INFIRMARY.-(1) Aural H.S. (2) A.H.S. Males. SHEFFIELD: ROYAL INFIRMARY.-(1) Aural H.S. (2) Assistant Aural and Ophthalmic H.S.

SOUTH SHIELDS: INGHAM INFIRMARY.-Junior H.S. (male). STOCKPORT INFIRMARY.-J.R.S. (male). STROUD GENERAL HOSPITAL.-H.S.

TUNBRIDGE AND COUNTIES GENERAL HOSPITAL .-- H.S. (male, unmarried). WALLASEY : VICTORIA CENTRAL HOSPITAL .- J.H.S. (male).

WALSALL GENERAL HOSPITAL.-H.S. WOLVERHAMPTON : ROYAL HOSPITAL .--- H.P.

CERTIFYING FACTORY SURGEON.—The appointment at Sandbach (Cheshire) is vacant. Applications to the Chief Inspector of Factories, Home Office, Whitehall, S.W.1.

This list is compiled from our advertisement columns, where full particulars are given. To ensure notice in this column advertisements must be received not later than the first post on Tuesday morning. Further unclassified racancies will be found in the advertising pages.

British Medical Association

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SCOTTISH MEDICAL SECRETARY: 7. Drumsheugh Gardens, Edin-burgh. (Telegrams: Associate, Edinburgh. Tel.: 24361 Edinburgh.) 24361

IRISH MEDICAL SECRETARY: 18, Kildare Street, Dublin. (Tele-grams: Bacillus, Dublin. Tel.: 62550 Dublin.)

Diary of Central Meetings

JULY

23 Sat. Council, 9 a.m., B.M.A. House.

26 Tues. Council, 10 a.m., Imperial Institute, South Kensington,

APPOINTMENTS

BLIGH, John Murray, M.D.Liverp., F.R.C.P., Honorary Physician to the Royal Liverpool Children's Hospital.
BURKE, Noel H. M., M.R.C.S., L.R.C.P., D.P.M., D.M.R. and E., Medical Superintendent, Cell Barnes Colony for Mental Defectives, Conditionary Physics Proceedings 1 (2019) St. Albans, Herts.

MORRIS, Leslie, M.D., F.R.C.S., Honorary Orthopaedic Surgeon, Royal Infirmary, Leicester.

CERTIFYING FACTORY SURGEONS.—C. W. N. Anderson, L.R.C.P. and S.I., for the Talybont District, Cardigan; W. J. A. Laird, L.R.C.P. and S.I., for the Lenham District, Kent.

BIRTHS, MARRIAGES, AND DEATHS

The charge for inserting announcements of Births, Marriages, and Deaths is 9s., which sum should be forwarded with the notice not later than the first post on Tuesday morning, in order to ensure insertion in the current issue.

BIRTHS

ANDERSON.—On July 13th, the wife of J. S. Anderson, M.D., Seacroft Hospital, Leeds (Mary Stirk, M.R.C.S., L.R.C.P.), of a daughter.

DOUGLAS.—On July 15th, 1932, to Dr. and Mrs. John Douglas of the City Hospital, Bradford, a daughter. LILLIE.—On July 17th, to Dr. and Mrs. J. P. Lillie of Lubeck House, 796, Washwood Heath Road, Birmingham, a son.

DEATHS

CURRIE.—On July 12th, at 107, Eastbourne Road, Darlington, John Currie, D.S.O., M.R.C.S.Eng., B.Sc. ELLISON.—On July 11th, at 120, Domestic Street, Leeds, Arthur Ellison, M.R.C.S.Eng., L.R.C.P.Lond.