

also been found in the milk; this and other infections conveyed from man to cattle are favoured by the filthy habit of "wet" milking.

The foregoing is a very brief and incomplete account of some of the diseases which may be conveyed by milk. How can these diseases be prevented? The ideal is to have absolutely healthy cattle, well housed, well fed, and well groomed, attended by healthy men who are cleanly in their methods of milking. Such an ideal is hard to obtain, as human carriers of such organisms as typhoid and paratyphoid bacilli may show no symptoms of their infection, and virulent haemolytic streptococci may be carried in the throats of apparently healthy individuals.

Much, however, may be done in eradication of tuberculous animals from herds by efficient tuberculin testing, preferably by means of the double intradermal test. Rapid elimination of tuberculosis is comparatively simple when the herd is only slightly infected and the pastures and premises are not heavily contaminated, but in herds with a high percentage of reactors and a number of cases of clinical tuberculosis leading to extensive contamination of premises and pastures complete eradication is a slow process and may take years. Contagious abortion is even more difficult to get rid of, but something can be done by testing the agglutinating power of the blood serum and eliminating carriers detected by this means.

In the meantime pasteurization is widely used, and when this is carried out efficiently and the milk bottled by machinery and delivered sealed to the consumer all milk-borne disease should disappear. I can say from personal knowledge that some of our great distributing agencies carry out all these processes in a most efficient manner, and I believe that as regards plant, organization, inspection, and laboratory controls, certain firms in this country are unsurpassed anywhere in the world. The objection to pasteurization is that it may affect in some way the food value of the milk, and it is to be hoped that further research and field experiments on a large scale may lead to methods of eradication of bovine tuberculosis and contagious abortion, so that the supply of safe raw milk at a reasonable price will continue to increase.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

PROLONGED POST-ANAESTHETIC UNCONSCIOUSNESS FOLLOWING NEMBUTAL AND CHLOROFORM

In view of the prevailing interest in basal anaesthesia, the following case may prove worthy of publication:

A man aged 69 years came to operation for excision of a papilloma of the floor of the mouth by diathermy. He was a healthy, active man, weighing about 11 st. He was admitted to the Royal Victoria Hospital on February 22nd, 1932, and was operated on at 2.15 p.m. on the following day.

Premedication in the form of 3 grains of nembutal was administered by the mouth one hour before operation, followed by 1/50 grain of atropine hypodermically half an hour later. On reaching the anaesthetic room the patient was practically unconscious, but would answer questions. Chloroform was administered by means of a Junker apparatus, the patient being kept in the second stage of anaesthesia throughout the operation, which lasted about twenty minutes.

Some three hours later, owing to reactionary haemorrhage, a second short chloroform anaesthesia was administered to allow of the control of this haemorrhage. The patient's condition gave rise to little or no anxiety, but return to consciousness was delayed until February 26th, three days later. During this period he would react to stimuli, answer questions, and pass urine into a bottle. His bowels acted

with enemata. The healing of the wound was normal, and recovery was otherwise uneventful.

In view of the fact that serious complications after basal anaesthesia with nembutal have seldom been reported, we feel that this case may be of interest, as the condition of the patient, who had had chloroform in addition to nembutal, was very far from being normal.

I am indebted to Mr. H. W. L. Molesworth, F.R.C.S., for permission to publish this case.

H. F. GRIFFITHS, M.A., M.B., B.Ch.Cantab.
Honorary Anaesthetist, Royal Victoria Hospital,
Folkestone.

TETANUS COMPLICATED BY FACIAL PARALYSIS

The following case presents the interesting combination of tetanus and facial paralysis, the rare condition referred to as Kopftetanus by German writers. Four similar cases are described in "Allbutt and Rolleston." Further points of interest are the adoption of the intensive serum therapy, as advocated by Cole in the *British Medical Journal* of April 23rd, and the use of avertin to allay the spasms.

The patient, a man aged 24 years, met with a cycling accident seven days before admission to hospital, receiving three small wounds in the facial region—one in the left frontal region, one in the right infraorbital region, and one over the right mandible. After the accident he proceeded straight to his panel doctor and had the wounds, which were fairly superficial and not especially soiled, cleaned and dressed, the infraorbital and the mandibular wounds being sutured with silk-worm sutures. During the next four days the patient felt quite well, but on the fifth day he complained of stiffness in his jaw. The stiffness gradually grew more severe, and on the same evening he had a numb sensation on the right side of the face. Next day he could open his jaw only with difficulty, and the right side of his face was paralysed. He was admitted to Weymouth and District Hospital next morning.

On examination he was found to have trismus and a paralysis of the right side of the face. The wounds were encrusted with healing granulations. At this stage the muscular spasms were local, and confined to the jaw. Concentrated antitetanus serum (Parke, Davis and Co.), 16,000 units, was given intrathecally just after admission and the wounds were cleaned up. After the injection the patient volunteered to feeling much better, but that evening his temperature and pulse rate rose to 101.2° F. and 132 respectively.

On his second day in hospital he twice vomited small quantities of greenish, frothy fluid. Antitetanus serum, 16,000 units intrathecally and 16,000 intramuscularly, was given, and the spasms remained localized. His temperature and pulse rate fell to normal. Nourishment was taken well through a gap in the teeth. On the third day, however, the spasms began to involve the cervical and dorso-lumbar muscles, and antitetanus serum, 16,000 units intrathecally and 16,000 intramuscularly, brought no relief. On the fourth day opisthotonos was marked; temperature was 102°, pulse rate 130. Avertin per rectum was administered morning and evening for the spasms, and controlled them. The dosage of serum was increased to 30,000 units intrathecally and 30,000 intramuscularly, and, as the fifth day brought no improvement and the temperature and pulse rate remained high, this was further increased to 40,000 units intrathecally, 40,000 intramuscularly, and 40,000 intravenously, this daily dosage being maintained till the patient died. Avertin, given twice as before, failed to control the spasms, and had to be reinforced by chloroform and morphine. The patient was now losing ground steadily, his pulse being very rapid and at times thready, while his temperature remained between 101° and 102°. He was restless and delirious. On the seventh and eighth days the avertin, even with the chloroform, had a very transient effect. The patient had a hyperpyrexia just before death, the temperature rising to 108°. Death occurred from acute dyspnoea on the evening of the eighth day. A post-mortem was suggested, but permission was withheld.

My thanks are due to Drs. Tasker and George Gray for permission to publish this case.

Weymouth.

J. GILLESPIE SLIMON, M.B.

to do their share in accident prevention. Gratifying as this is, it is distressing to learn that such a large number of preventable accidents are still allowed to happen. Conditions of ventilation and lighting are steadily improving, though naturally it takes time to bring the older factories up to date.

The Senior Medical Inspector of Factories, Dr. J. C. Bridge, points out that the low incidence of notifiable industrial diseases, as also of accidents, is partly a reflection on the state of the labour market.

ENNUI IN INDUSTRY

Another sign of the times in industrial life is the absenteeism due to vague, ill-defined nervous disabilities, which Dr. Bridge ascribes to the boredom of the machine workers—a sensation absolutely unknown to the craftsmen of an older age. Repetition processes create a weariness which is not expressed in physical terms but in a desire for temporary relief from an occupation in which the mind is partially or entirely unused. How this state of affairs is to be controlled is a pressing problem of industrial life to-day. Dr. Bridge suggests the substitution of piece-rates for time-rates, promotion for efficiency, rest periods with a change of posture and attention, and bonuses of holidays for unbroken time-keeping. "The uninterested worker," he says, "is an industrial invalid."

Another problem of modern industry is the health of the woman worker, who only too often undertakes in what should be her leisure hours domestic work or home duties which sap her energy. On the whole, the health of women and young persons in industry is satisfactory, but additional facilities for active out-of-door recreation are desirable.

SILICOSIS AND ASBESTOSIS

The Silicosis and Asbestosis (Medical Arrangements) Scheme came into force on June 1st of the year under review, and has drawn special attention to the risks of inhalation in these industries. The Department has obtained much valuable information on the history of fatal cases from sending inspectors to inquests, and several special examinations have been made on disease in various branches of the industry. On an average, asbestosis kills the worker twice as quickly as does silicosis. The victim has usually been employed for about fifteen years in an asbestos works, or forty years in a pottery; on the other hand, he is likely to die after eleven years of sandblasting and after only seven years in the manufacture of scouring powders. A number of firms have now adopted steel grit instead of the sand for sandblasting, and the results have been uniformly satisfactory, both commercially and hygienically.

METAL POISONING AND FUMES

Even when allowance has been made for unemployment there seems to be a real decrease in cases of lead poisoning, the figure of 168 cases with twenty-one deaths being the lowest on record. Dr. Bridge comments on three cases of lead poisoning which were operated on as acute appendicitis. Of the six cases of mercurial poisoning reported, three occurred in the repair of electric meters, two from the use of mercury as a catalytic agent, and one in making thermometers. Improvements have been made in the industries concerned, and a great deal of definite improvement in the health of the workmen has been noticed.

An interesting case recorded is the poisoning of two men by fumes of cadmium. They were welding a triple compartment steel oil tank, and suffered from an influenza-like condition, with slight epigastric pain and vomiting. This was followed by a feeling of choking, high fever, and sore throat. Investigations showed that the electrodes used each contained 1/50 oz. of cadmium, which volatilized at a temperature somewhat above 315°C.

Some interesting cases of brass-founders' ague occurred in manganese bronze welders. The zinc content of the brass was about 39 per cent., and the flux used was borax. The symptoms were typical: severe shivering, tightness of the chest, shortness of breath, headaches, backache, and profuse sweating. The time of exposure necessary to produce an attack seemed to be between

half an hour and three hours. The manganese apparently had no effect on the worker.

Five men who were sinking a caisson cylinder in marshy ground near the Thames died from asphyxia. Analysis of a sample of the air in the chamber showed the composition as follows: oxygen 0.12 per cent., carbon dioxide 14.36 per cent., methane 4.59 per cent.; there was no carbon monoxide or other poisonous gas, and death was due to anoxaemia from exposure to an atmosphere containing over 80 per cent. of nitrogen.

Two cases of nicotine poisoning occurred from the bursting of a pipe during the process of pumping nicotine into an absorbent powder. The symptoms included contracted pupils, collapse, rapid but regular pulse, profuse sweating, restlessness, rigors, and nausea. There was evidence that absorption through the skin was the cause of the poisoning.

A number of cellulose painters have been examined, and it appears that there is a definite relation between conditions of ventilation and signs or symptoms of ill-health. Where localized exhaust ventilation is impracticable, the danger may possibly be overcome by using xylol as the diluent to the cellulose paint; a small group of experienced workers suffered little inconvenience and no apparent injury to health under these conditions. The signs and symptoms of local irritation of mucous membranes, together with headache, depression, and fatigue, are thought to be due to the solvents of cellulose and not to the diluent hydrocarbons.

Benzol poisoning was suggested by the examination of a small group of leather dressers engaged in a non-spraying operation. This inquiry is being continued.

SKIN CONDITIONS

All members of the Tar Distillers' Association and some other firms have now instituted periodic medical examinations in the hope of detecting early skin cancers. The medical officers find, however, a good deal of difficulty in persuading the workers to attend; they fear the diagnosis of cancer, fear operation, fear penalization if any defect is discovered, and have a general suspicion that the doctor must be acting primarily for the employer, who has some ulterior motive in instituting the examination. The addition of sixty new cases of epithelioma among cotton mule-spinners brings the total number of recorded cases among these workers to 1,062. During 1931 eight cases of carcinoma of the bladder were reported, five in chemical workers manufacturing scientific dyes and coming into contact with α - or β -naphthylamine or benzidine.

The number of voluntarily reported cases of dermatitis maintained the decrease which it had shown in the previous year, and the incidence of some of the more readily controlled cases seems to have been reduced. The alkaline antiseptic used has proved its value, and the incidence of dermatitis among painters appears to be decreased owing to the better knowledge of the value of coating the exposed skin with a film of ointment before work. Alkalis, especially soda and lime, are still the chief causes of skin disease in industry.

RESEARCH FELLOWSHIPS IN TUBERCULOSIS

The Medical Research Council has made the following awards of Dorothy Temple Cross Fellowships for 1932-3, under the terms of the benefaction in that name for research fellowships in tuberculosis:

VERONICA BESSIE FRITH DAWKINS, M.B., Ch.B., Bristol. Resident Medical Officer, Maltings Farm Sanatorium, Colchester.

GORDON MONCRIEFF DEAN, M.B., Ch.B., Aberdeen. Late Department of Surgery, Aberdeen University.

EVELYN MARY HOLMES, M.B., Ch.B., Manchester. Late Assistant Tuberculosis Officer, Welsh National Memorial Association.

JOHN NOEL O'REILLY, B.M., B.Ch., Oxford. Late House-physician, Brompton Hospital, London.

WALTER GRAHAM SCOTT-BROWN, M.D., Cambridge; F.R.C.S., Assistant Surgeon, Throat, Nose, and Ear Department, Royal Free Hospital, London.

Dr. Dean will study problems of tuberculosis at Baltimore, U.S.A., the others at different European centres.

most conscientious, being perhaps specially interested in nervous diseases, and was an enthusiastic teacher in the wards.

Tall, loose-jointed, with a reddish-yellow beard like a Norseman, he had a most kindly and good-natured disposition. Before his marriage in 1894, to Mary Helen, daughter of Laundry Walters of Wimbledon, he shared with a former student of University College Hospital, Charles Stonham—a man of otherwise different tastes—a house at the bottom of Harley Street and a life-long devotion to ornithology. He worked at zoology in his youth at Naples, where he had a severe attack of typhoid fever. He was an example of the physician-naturalist, and was in his retirement at Bournemouth, president of its Natural Science Society and Camera Club.

Dr. ARTHUR ELLISON, who was widely known in South Leeds, died recently at his home in Holbeck, at the age of 62. Educated at Scarborough, he received his medical training in the Leeds Medical School, and qualified M.R.C.S., L.R.C.P. in 1893. After acting as a ship surgeon he set up in private practice in Leeds. Joining the R.A.M.C. with a temporary commission in 1916, he saw service in France as a captain, and on his return was connected with the Leeds War Hospital. For many years he rendered valuable service to the St. John Ambulance Association, and was assistant commissioner for Yorkshire (No. 5 Division).

Closely following on the death of Dr. Bedford Pierce, another leading Quaker medical man has suddenly passed away. FRANCIS BURCHETT RUTTER, M.D., F.R.C.S., of Mere, Wilts, died after undergoing an operation at Bristol on July 17th at the age of 63. Before taking up a practice at Mere, Dr. Rutter was at Durham, where he took the M.D. degree, and at the London Hospital. He was also closely associated with the work of the Hospital for Diseases of the Throat, Golden Square, and with the London Temperance Hospital. A keen Liberal, he became a J.P. for Wilts, and was an active temperance and peace worker. Since his retirement two or three years ago, owing to eye trouble, he had devoted most of his time to speaking on Quaker and other platforms on these subjects. His death was entirely unexpected, and he was to have been one of the chief lecturers at a special summer school arranged by the Friends Temperance Union at West Hill, Birmingham, at the close of this month.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

At a congregation held on July 23rd the following medical degrees were conferred:

M.D.—J. W. H. Simpson, H. L. Wilson.
M.B., B.CHIR.—H. R. Thompson, A. W. Vaisey.
B.CHIR.—*R. A. Ratcliff, *A. N. McCrea, *W. H. Gabb, W. O. M. Ede, W. H. G. Jessop, J. W. Cope, T. C. Gipson, R. V. H. Mercer, J. B. Harman, M. L. Rosenheim, G. J. Meikle, J. M. Vaizey, H. M. Chappel, T. D. Day, K. V. Earle, P. W. Hutton, F. Radcliffe, B. Holden, R. A. Jones, G. Williams, S. H. B. Platts, P. McI. Smyth, A. S. Herington.

* By proxy.

The following candidates have been approved at the examination indicated:

DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.—(Part II): Margaret A. Bromhall, A. C. Devaraj, N. Fram, E. D. G. Gillies, C. H. Hilliard, R. F. Innes, C. B. Jennings, S. D. Kilner, W. K. Morrison, S. A. Nagga, A. B. Sullivan.

UNIVERSITY OF LONDON

A meeting of the Senate was held on July 20th, when the Vice-Chancellor (Rev. J. Scott Lidgett, D.D., M.A.), was in the chair. A cordial vote of thanks was accorded to Dr.

Scott Lidgett for his great services to the University during his tenure of office as Vice-Chancellor.

Dr. E. W. Hurst, formerly pathologist to the Millbank Research Fund at the Lister Institute, has been appointed to a University Readership in Experimental Pathology at the Lister Institute of Preventive Medicine; and Dr. J. W. Cook, since 1929 research chemist in the Research Institute of the Cancer Hospital, to a University Readership in Pathological Chemistry at the Cancer Hospital (Free).

The D.Sc. in Anatomy has been conferred upon Mr. S. Zuckerman, an internal student, of University College; and the D.Sc. in Biochemistry upon Miss M. A. C. Fixsen, an internal student, of the Lister Institute of Preventive Medicine.

The Geoffrey E. Duveen Travelling Studentship in Oto-Rhino-Laryngology, of the value of £450, has been awarded for 1932 to Mr. G. H. Livingstone, M.B., B.S., F.R.C.S.

UNIVERSITY COLLEGE HOSPITAL MEDICAL SCHOOL

The following entrance scholarships and exhibitions have been awarded: *Goldsmid Entrance Scholarships*: W. C. Chapman, W. A. Pritchard. *Goldsmid Entrance Exhibition*: L. N. G. Lytton. *Filliter Entrance Scholarship in Pathology*: C. G. Roworth.

The following awards during the academic year 1931-2 are announced: *Liston Gold Medal*, *Alexander Bruce Gold Medal*, and *Filliter Exhibition in Pathology*: G. Qvist. *Fellowes Gold Medals*: G. Qvist and H. V. Williams. *Tuke Silver Medal*: Miss A. L. Winner. *Tuke Bronze Medal*: Miss E. G. Byrde. *Fellowes Silver Medals*: H. G. John, J. A. G. Hair, and A. G. Hounslow. *Atkinson Morley Scholarship*: S. L. Wright. *Magrath Scholarship*: Miss A. L. Winner. *Atchison Scholarship*: E. A. Devenish. *F. R. Roberts Prize in Obstetrics and Gynaecology*: R. H. Foster and J. L. Hamilton-Paterson.

LONDON (ROYAL FREE HOSPITAL) SCHOOL OF MEDICINE FOR WOMEN

The following awards of scholarships for 1932-3 are announced: *St. Dunstan's Exhibition*: Miss L. H. Walter. *Isabel Thorne Scholarship*: Miss E. W. Town. *Mabel Sharman Crawford Scholarship*: Miss J. M. Blatchford. *Sir Owen Roberts Memorial Scholarship* (awarded by Clothworkers' Company): Miss M. F. Lockett. *Lewis Memorial Scholarship*: Miss M. Lloyd. *Special Lewis Memorial Scholarship*: Miss E. M. Lloyd-Davies. *Alfred Langton Scholarship*: Miss M. G. Ernst. *A. M. Bird Clinical Scholarship*: Miss M. J. Moore. *Ellen Walker Bursary*: Miss M. J. Montrose. *Flora Murray Bursary*: Miss A. C. N. Swanston. *Special A. M. Bird Scholarships*: Miss M. M. Burton, Miss D. O. Henry, Miss D. J. Perkins, Miss M. L. Penwill, Miss I. E. Sandford, Miss E. L. Weatherhead. *Special A. M. Bird and Flora Murray Scholarship*: Miss H. M. Brown. *Dental Bursary*: Miss M. J. Blennerhassett. *A. M. Bird Post-Graduate Scholarship in Pathology*: Miss R. O. J. Clark, M.B., B.S. *Mabel Webb and A. M. Bird Research Scholarship*: Miss U. Shelley, M.B., B.S. *Special A. M. Bird Research Scholarship*: Miss Margaret Salmond, M.D.

LONDON HOSPITAL MEDICAL COLLEGE

The "Freedom" Scholarship in Pathology (value £100), open to students of the Universities of Oxford and Cambridge, has been awarded to J. R. G. Harris of Emmanuel College, Cambridge.

The following candidates have been approved at the examination indicated:

M.S.—Branch I (Surgery): R. K. Bowes, R. C. Brock, Philippa P. Martin, R. T. Payne, J. W. G. Phillips.

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

The following candidates have been approved at the examination indicated:

ACADEMIC DIPLOMA IN BACTERIOLOGY.—D. N. Chatterji, R. S. F. Hennessey, K. Kundu, M. M. Muers, E. J. Pullinger, Betty Richards, J. Sigurjonsson, H. W. Y. Taylor, P. S. Watts, R. C. Wright, M. Yacob, H. S. Yusef.

UNIVERSITY OF EDINBURGH

At the graduation ceremony held in M'Ewan Hall on July 20th, the following degrees and diplomas were conferred:

M.D.—G. W. Ancrum, †R. G. Anderson, J. B. Baynash, *J. D. S. Cameron, G. A. Dunlop, †E. L. Farquharson, R. Mennie, †A. M. Moll, W. J. Mowat, †R. F. Ogilvie, G. J. Roberts, S. S. Rosebery, *W. R. Russell, J. M. Watt.

D.Ph. (Faculty of Medicine).—Esther A. Michael (*in absentia*).
M.B., Ch.B.—H. T. H. Arnott, J. T. Baldwin, D. Ballantine,
J. G. W. Bathgate, J. A. Baty, A. R. Bazin, G. B. Bigelow,
C. G. Binns, H. R. Blum, J. W. Brydon, Chio-To Chan, C. C.
Clarke, H. H. Corrigan, D. S. Cownie, C. L. Crawford, A. P.
Cronjé, J. R. Davidson, Hilda M. Denholm-Young, T. M. J.
d'Offay, I. H. Egelman, Janet M. S. Elder, J. K. Elliott,
R. Elsdon-Dew, H. A. Forrester, B. B. Freshwater, S. J. Frewin,
A. J. Galbraith, G. G. Glennie, W. Gray, C. A. Green, Lydia M.
Grey, R. B. Gullison, S. W. Hirschmann, J. C. Hislop, C. Hotson,
W. D. Hyde, E. A. Jack, Jessie A. T. Johnston, J. M'K. Johnstone,
H. M. Lamprecht, Joan Lassetter, A. Lawrie, G. A. Lawson,
G. Leventhal, L. Levin, Olive H. Lewis, L. Littman, E. L. Lloyd,
J. B. F. L. Luke, J. S. Lyle, Joan M. MacDonald, Jean M'Dowall,
J. Macfarlane, W. V. Macfarlane, D. F. McGregor, G. Macpherson,
C. Mandelbaum, Isobel M. S. Marshall, Mary G. Masterton, Jean
Mather, I. H. Matheson, G. D. Matthew, A. Menzies, A. R. M.
Moir, A. B. Monro, Augusta S. Monro, J. W. Morgenthal,
H. Morrison, I. C. C. Morrison, Helen H. M. Muir, J. A. Nicholson,
E. B. Nicol, S. E. Onwu, A. D. Osborn, S. S. Ovanessoff, H. D.
Palmer, H. Park, J. J. Patrick, F. W. Paul, R. C. M. Pearson,
R. Porteous, R. W. G. Ransome-Wallis, J. M. Rassin, F. H. Reeder,
B. Resnick, S. Robertson, Sheila L. Ross, G. A. Rubin, H. N.
Runddorf, G. L. Russell, T. E. Rutter, R. L. de C. H. Saunders,
J. H. Scarborough, R. T. Sharp, H. M. D. Shepherd, C. Sokolove,
J. Spanbock, N. G. Steere, J. B. Stewart, Pauline W. M. C.
Stirling, I. D. Sutherland, Hon-Sham Tai, R. H. Tait, Constance L.
Taylor, A. Thomas, A. E. Turnbull, J. Urquhart, A. E. P. Vanier,
H. A. Vickers, S. E. Watov, Hilda Watson, Winifrede M. Watson,
W. D. Weiss, P. R. Wentzel, L. J. Wigston, J. I. Williams,
W. H. F. Wilson, R. C. Wood, C. B. Woodman.

D.P.H.—J. A. Cuthbert, S. Harvey, J. P. McGibbon, A. Thomson.
DIPLOMA IN TROPICAL MEDICINE AND HYGIENE.—C. E. S. Bailey,
G. L. Chaudhuri (*in absentia*).

DIPLOMA IN RADIOLOGY.—C. Bellamy, J. T. M. Fenton-Fyffe,
Margaret Findlay (*in absentia*), R. A. K. Harper.

* Awarded gold medal for thesis. † Highly commended for
thesis. ‡ Commended for thesis. § With honours.

The following prizes were presented: *Cameron Prize in Practical Therapeutics*: Edward Mellanby, M.A., M.D. Cantab., Professor of Pharmacology, University of Sheffield, in recognition of his discoveries regarding the therapeutic actions of the fat-soluble vitamins. *Stark Scholarship in Clinical Medicine*: J. G. M. Hamilton. *Gunning Victoria Jubilee Prize in Chemistry*: H. W. Melville. *Gunning Victoria Jubilee Prize in Materia Medica*: R. Gaddie. *Gunning Victoria Jubilee Prize in Forensic Medicine*: Jean D. Robertson. *Gunning Victoria Jubilee Prize in Midwifery*: R. J. Kellar. *Lauder Brunton Prize in Pharmacology and Therapeutics*: I. A. G. L. Dick. *Ettles Scholarship and Leslie Gold Medal, and Mowat Scholarship in the Practice of Physic*: J. A. Baty. *Allan Fellowship in Clinical Medicine and Clinical Surgery*, *Annandale Gold Medal in Clinical Surgery*, and *Pattison Prize in Clinical Surgery*, J. Patrick. *Buchanan Scholarship in Midwifery and Gynaecology*, G. Macpherson. *James Scott Scholarship in Midwifery and Gynaecology*, *Scottish Association for Medical Education of Women Prize*, and *Dorothy Gilfillan Memorial Prize*: Mary G. Masterton. *Beane Prize in Anatomy and Surgery*: H. Scarborough. *Conan Doyle Prize*: R. Elsdon-Dew. *Murdoch Brown Silver Medal in Clinical Medicine*: M. Rassin. *Royal Victoria Hospital Tuberculosis Trust Gold Medal*: R. Porteous. *Wightman Prize in Clinical Medicine*: I. Mackenzie. *Sir Robert Jones Prize in Orthopaedic Surgery*, J. Macfarlane. *Cunningham Memorial Medal and Prize in Anatomy*: M. R. Ewing. *Whiteside Bruce Bursary*: Nancy H. Turnbull.

An address was delivered to the new graduates by the Promotor, Professor John Fraser.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH

At a meeting of the College held on July 22nd, with Mr. John Wheeler Dowden, President, in the chair, Lord Moynihan of Leeds was elected an Honorary Fellow of the College.

The following seventeen successful candidates out of sixty-seven entered, having passed the requisite examinations, have been admitted Fellows:

G. H. Bradshaw, E. S. Bolton, H. C. Callaghan, G. B. Campbell, J. C. Clark, T. A. Clarke, M. M. Datnow, W. J. Eastwood, K. M. Hairman, C. W. Harris, T. N. A. Jeffcoate, A. Logan, D. P. McIntyre, R. de Soldenhoff, R. T. Thin, A. K. Wilson, A. D. Williamson.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

The following have been admitted Licentiates in Medicine and Midwifery: K. O'M. Barrett, F. R. Duggan, P. L. Fullen, J. D. McClelland, Sheila E. MacDonald, F. E. McLaughlin, M. F. MacNamara, R. A. M. Montgomery, J. Murphy, P. D. O'Rourke, J. Tierney, G. A. R. Warren.

Medical News

The Royal College of Physicians of London will be closed for cleaning from Monday, August 1st, till Saturday, September 9th, both days inclusive.

During August the only special course arranged by the Fellowship of Medicine will be in urology, at All Saints' Hospital. Individual clinics at various London general and special hospitals may be attended by arrangement with the Fellowship; a list can be obtained on application. Dr. G. F. Stebbing, assisted by the hospital staff, will give a demonstration of cases of general interest at the Lambeth Hospital, Brook Street, S.E.11, on Friday, August 5th, at 2 p.m. Application for attendance should be made to the Fellowship of Medicine, 1, Wimpole Street, W., by August 3rd.

The Association of Special Libraries and Information Bureaux will hold its ninth annual conference at Somerville College, Oxford, on Friday, September 23rd, to Monday, September 26th. On Friday evening, after Sir Charles Sherrington's presidential address, Professor J. L. Myers will read a paper on the relation between science and the humanities. Saturday morning will be given up to sectional meetings, and in the afternoon reports will be presented and discussed; in the evening Professor M. Greenwood will lecture on the history and sources of official vital statistics. On Sunday morning there will be further sectional meetings. Particulars of the conference may be had from the General Secretary of the Association, 16, Russell Square, W.C.1.

A conference on medical problems of contraception was held last May in London under the presidency of Sir Thomas Horder, and accounts appeared in our issues of May 28th and June 4th. We are asked to announce that copies of the report can be had from the secretary of the National Birth Control Association, 26, Eccleston Street, S.W.1 (price 2d., or 3d. post free).

The publication of a new alphabetical and local list of old students of St. Thomas's Hospital, revised to May, 1932, prompts us once again to congratulate Robert Hopkins, the compiler, upon the completion of a useful though laborious task.

The Liverpool Society of Anaesthetists was formed in July, 1930. It consists of twenty-six ordinary and six honorary members. Dr. A. J. O'Leary is the president, Dr. W. Bennet Jones vice-president, and Dr. R. J. Minnitt honorary secretary.

Mr. Samuel A. Courtauld, chairman of the Middlesex Hospital Medical School, has given £10,000 to increase the endowment of the S. A. Courtauld Institute of Biochemistry. This brings the total of his benefactions to the Medical School to £100,000. Its purpose is to stabilize the income of the school and its research departments, so that any economies required at the present time shall interfere as little as possible with the progress of the scientific work carried out at the hospital.

Sir Frederick Gowland Hopkins of Cambridge and Dr. C. F. Geiser, professor of biochemistry at Zürich, have been elected honorary members of the Imperial Leopold German Academy at Halle; Professor Carl Neuberg of Berlin, director of the Kaiser Wilhelm Institute for Biochemistry, has been elected an honorary member of the Danish Biological Society; and Professor Leopold Leichtwitz of Berlin, director of the Rudolf Virchow Hospital, a corresponding member of the New York Academy of Medicine.

Visits to the Tower of London, in aid of the King's Fund, will be paid on the afternoon of August 13th and 27th. Mr. Walter Bell will give addresses on the Tower and conduct parties round the building. Tickets (price 7s. 6d.) can be obtained from the secretary, King Edward's Hospital Fund for London, 7, Walbrook, E.C.4.

Mr. H. B. Stokes has been appointed secretary-superintendent of Queen Charlotte's Maternity Hospital, in succession to Mr. Arthur Watts, who is retiring after thirty-eight years' service.