

the disease is probably of longer duration, for on February 2nd, 1932, the date of the reception of the first specimen of urine, this patient showed extensive disease of both lungs, with a good deal of fibrosis on the left side. His sputum is persistently positive, and contains numerous tubercle bacilli. He is not suffering from any of those complications which have already been enumerated. A second sample of urine from this patient, received on March 31st, also gave a positive biological test, but showed no other abnormality. A third sample, received on April 4th, gave a similar result. The organisms producing the tuberculosis were of the human type. They were recovered from the site of inoculation, and the direction of spread and the relation of the tuberculous lesions to the site of injection were sufficiently characteristic to exclude any possibility that they were due to spontaneous disease in the animal. The fact that the infection could be repeatedly induced by the urine of the same patient taken at different times is additional evidence in support of this contention.

At first it was thought that this patient afforded an example of true excretory bacilluria. It was not easy, however, to reconcile the repeated positive findings with this conception, except on the far-fetched assumption of an abnormal permeability of the renal epithelium and a persistence of the organism in the circulating blood of this man, which did not obtain in the other seventy-five individuals. Biological tests on the blood were negative. It was therefore decided to make repeated examinations of this patient's urine from time to time, in order to see if any evidence was forthcoming of actual renal involvement. Samples tested on May 7th, 10th, and 11th still failed to show any chemical or microscopical abnormality. A specimen examined on May 12th, however, showed a very faint trace of albumin with the Clapp-Cohen reagent (seven parts 10 per cent. phenol and one part of glycerin); all the other hitherto described methods gave negative results. Some granular and hyaline casts were also present on this occasion. On May 15th a very faint trace of albumin, some hyaline casts, and a few leucocytes were present, and on the following day there was an increase in the amount of albumin, and casts and leucocytes were still evident. Subsequent examinations revealed the presence of albumin by ordinary tests.

#### DISCUSSION OF FINDINGS

The positive results obtained from this patient's urine cannot, in view of the subsequent findings, be attributed to uncomplicated excretory bacilluria. In fact, the sequence of events suggests that the presence of tubercle bacilli in the urine may often be the first sign of renal tuberculosis. The writer's experience agrees with that of Medlar, that the number of bacilli present bears no relation to the size of the lesion, for a great deal depends on the site of disease and the facility with which the organisms can gain access to the tubules. Consideration of the pathology of a tuberculous focus is sufficient to convince one that any extensive degree of haematuria or pyuria is a concomitant of very advanced disease, and is not often likely to occur in the early stages. The opinions of some eminent authorities of bygone days, that the presence of pus and blood in the urine is essential for the diagnosis of renal tuberculosis, can no longer be maintained. Chute,<sup>3</sup> several years ago, laid great stress on the slight urinary signs which may accompany early disease. These contentions are of more than academic interest, and anyone who excludes the possibility of renal tuberculosis simply on the absence of gross microscopical and chemical changes in the urine is likely at times to be misled.

Whether or not we attribute this one positive case to actual disease, it must be admitted that excretory bacilluria is a rare occurrence, and that in practice it is not likely to vitiate the value of the biological test in the diagnosis of renal tuberculosis. Moreover, it can be safely assumed that if it occurs so rarely amongst such advanced cases as those that have been under test in this investiga-

tion, it is still less likely to occur in those instances where early diagnosis is of value from the point of view of treatment.

#### SUMMARY

Seventy-six patients were selected who suffered from advanced pulmonary tuberculosis, but who had no obvious signs or symptoms of genito-urinary involvement.

Their urines were tested biologically.

All the specimens were negative except one.

Tubercle bacilli were repeatedly present in the urine of this exception, and were of the human type.

The presence of the micro-organism was for a time the only abnormality, but other signs developed gradually in this urine, which suggested early renal tuberculosis.

No definite evidence of excretory bacilluria was found in this series of cases.

My thanks are due to Dr. W. D. Carruthers for his sanction to obtain the necessary material, and to Dr. J. Stevenson, medical superintendent of Prestwood Sanatorium, for his assistance in securing specimens from suitable patients, and for the thorough clinical notes which he placed at my disposal.

#### REFERENCES

- 1 Boyd: *Surgical Pathology*, 1930, p. 472.
- 2 Bumpus and Thompson: *Amer. Journ. Surg.*, September, 1930, p. 545.
- 3 Chute: *Journ. of Urol.*, 1921, v. 431.
- 4 Hübner: *Deut. med. Woch.*, May 4th, 1923, p. 574.
- 5 Hyman and Man: *Journ. Amer. Med. Assoc.*, September 24th, 1921, p. 1012.
- 6 Medlar and Sasano (quoted by Boyd): *Amer. Rev. Tuberc.*, 1924, x, 370.
- 7 Romanis and Mitchiner: *Science and Practice of Surgery*, 1927, p. 791.
- 8 Thomson-Walker: *Surgical Diseases and Injuries of Genito-Urinary Organs*, 1914, p. 234.
- 9 Van Rijssel: *Journ. Amer. Med. Assoc.*, October 23rd, 1920, p. 1170.

## Memoranda MEDICAL, SURGICAL, OBSTETRICAL

#### TWO CASES OF BOTULISM

We print below the separate accounts of two cases of botulism which resulted from the consumption of the same meal—a rabbit and pigeon broth. The patients, who were staying together in a house in Buckinghamshire, were affected at about the same interval after eating this food. Case I (Mrs. F.) returned to her home at Bedford, where treatment was undertaken by Mr. W. Gifford Nash, F.R.C.S., and where she subsequently made a complete recovery. Case II (Mrs. S.) was taken into the Radcliffe Infirmary, Oxford, and died shortly after admission. The case notes, by Mr. Gifford Nash and Dr. Piercy Fox, are self-explanatory.

#### CASE I

(MR. GIFFORD NASH)

Botulism is a rare disease in Great Britain according to Savage (*Medical Annual*, 1926, p. 185), who investigated 100 outbreaks of food poisoning in which only one was due to botulism. The rarity of the disease and the comparatively mild nature of this case must be my excuse for not at once recognizing it. There were some advantages in this, as it enabled me to watch and note the various symptoms, and also to obtain much valuable information concerning the source of the poisonous food. In Osler and McCrae's *System of Medicine* (vol. i, p. 233) is an excellent description of the disease, from which I gather that my patient had practically every symptom. The history and the presence of the symptoms were

gradually extracted from a very sick patient and pieced together.

Mrs. F., aged 68, consulted me on August 16th, 1932, on account of obstinate constipation of five days' duration, a feeling of heaviness in the abdomen, dryness of the mouth and inability to swallow anything but fluids. Her history was that, whilst staying in Buckinghamshire with a friend, Mrs. S., she partook of some broth at midday on August 10th. She drank about four tablespoonfuls of this, her friend taking a larger quantity. There was nothing peculiar in its taste. For supper they had some junket. The broth was made from the remains of a rabbit and a pigeon which had been given to Mrs. S. by a neighbour on August 4th. These had been cooked and partly eaten by Mrs. S. on August 5th. On August 10th some remarks were made about the ingredients of the broth, as the weather was very hot at the time, and Mrs. S. said they must be good, as they had been safely sealed down.

Mrs. F. first felt ill at 6 a.m. on August 11th, when she had abdominal pains and began, towards noon, to vomit, and had two or three loose motions. She felt very weak, and took no food. On August 12th she felt "very rotten," and on the 13th she returned to her home at Bedford, and went to bed, where she remained. On August 14th she was dizzy, saw double, and had difficulty in opening her eyes. Her bowels remained very constipated in spite of having enemata and various aperients. On August 20th a hypodermic injection of pituitrin and physostigmine, followed by a turpentine enema, produced an enormous result. After this, by taking two vegetable laxative tablets every night, followed by pituitrin injections, the bowels acted more regularly, and gradually the aperient was reduced to a nightly dose.

The difficulty of swallowing and the dry mouth gradually diminished, though they lasted for a month. The diplopia lasted only a few days, and the difficulty in opening the eyelids gradually passed away; but the pupils, which had been dilated and had failed to react to light, did not recover for six weeks. The pharynx was inflamed for about three weeks, and there was loss of taste, which still continues. For about two weeks the patient felt some weakness in passing urine, but there was no retention. There was great muscular weakness, and six weeks elapsed before she could leave her bed. The temperature and pulse were normal throughout the illness, and there was no interference with respirations. She was given a mixture containing strychnine and phosphoric acid, which she still takes. On August 20th she told me that her friend had died on the previous day, and it was this news that made me come to the conclusion I was dealing with a case of botulism. Ten days later I communicated with Dr. Stevens of Thame, and learned he had diagnosed her case as botulism.

I attribute the recovery of my patient to the fact that she had only taken a little of the broth, and that vomiting and diarrhoea had reduced the effect of the poison.

#### CASE II

(DR. E. PIERCY FOX)

Mrs. S., aged 72, was admitted to the Radcliffe Infirmary on August 17th, 1932. Six days before admission, after partaking of a broth containing rabbit and pigeon, she had an attack of severe abdominal pain and vomiting. Her friend, who had a smaller portion of the broth, developed similar symptoms. The following day, five days before admission, there was ptosis of both eyelids. Two days before admission the parotid gland on the right side became swollen.

On admission the patient was somewhat sleepy, but did not seem very ill; temperature 98.8° F., pulse 80, respirations 20. There was a large swelling of the right parotid gland and marked ptosis of both eyelids, the right more than the left. The pupils did not react to light, the tongue was dry and furred, the mouth very dry, and there was difficulty in swallowing. The condition of the mouth and tongue, which was suggestive of a severe illness, was out of keeping with the general appearance of comparative well-being. There were no physical signs in the chest or abdomen. Reflexes were normal in the arms, the knee-jerk was present, ankle-jerks absent, and the plantar responses flexor. The day after admission the patient became drowsy; the following day this deepened to coma, and death occurred rather suddenly. The

temperature rose to 103° and the pulse to 100 just before the end. The post-mortem examination did not reveal anything to account for death. Except for atheroma of the vessels in the circle of Willis the brain was normal.

The chief features were the rapid onset of gastro-intestinal symptoms after taking the broth, the constipation, the drowsiness, the dryness of the mouth, the difficulty in swallowing, and the third nerve lesion. The patient was sent into the hospital by Dr. Stevens of Thame, with a tentative diagnosis of botulism. This diagnosis was substantiated some days after death, when we received from Mr. Gifford Nash of Bedford an account of her friend's very similar illness.

The majority of cases recorded have been caused by tinned materials. This case is unusual in being caused by a broth.

My thanks are due to Dr. W. T. Collier for permission to publish details of this case.

#### GUMMA OF THE LUNG WITH UNUSUAL MODE OF ONSET

Gumma of the lung following acquired syphilis appears to be rarely encountered clinically. The more common form of syphilis of the lung is a gummatous ulcer of the trachea or a bronchus, leading in time to stenosis of the tube. Powell and Hartley (*Diseases of the Lungs*) state: "There can be little doubt that cases [gummata of lung] occur with greater frequency than is suspected," and then proceed to record a case in a man, aged 31 years, who had had syphilis two years previously. Fenton and Burrell (*Diseases of the Chest*) say: "Acquired syphilis of the lung is very uncommon and may take the form of well-defined gummata of irregular distribution, but with a general tendency to appear in the neighbourhood of the hilum. They show considerable vascularity. Generally the symptoms and physical signs are those of chronic pulmonary disease." They record a case, in a woman, in which post-mortem examination disclosed a gummatous mass, behind the heart and partially obstructing the lumen of the left branch of the pulmonary artery.

The following case is recorded in view of its comparative rarity and its acute mode of onset.

The patient, a man aged 56 years, was taken ill with shivering, pain in the left side, and cough on the evening of May 5th, 1929. The history obtained was that he was quite well and at work until a few days before his present illness, which he described as "a bad cold." When I saw him the temperature was 102.6° F., pulse 90, respirations 34. Physical examination of the chest revealed mucous rales over both lungs, with, at the left base and axilla, diminished breath sounds and fine crepitations. In forty-eight hours evidence of consolidation in this area was marked. The sputum was tenacious and slightly bloodstained. For a week the general and local condition did not alter much; the temperature became remittent in character and the patient complained of a good deal of pain—worse at night—in the left side. At the end of three weeks, as the temperature still varied between 100° and 101° F., and the lung condition showed no signs of clearing up—in fact, the dullness became more absolute and extensive, and the nocturnal pain interfered with sleep—an exploratory needle was inserted with negative results. He still continued to bring up bloodstained sputum, and this was examined for tubercle bacilli, but none were found. He was then x-rayed, the report stating: "A deep shadow is visible over and around the region of the sixth rib. This shadow is due to tumour, probably malignant." The persistence of nocturnal pain suggested the possibility of the tumour being syphilitic, though the patient denied infection. A blood test, however, gave a positive Wassermann reaction. Before iodide had been administered, the skin in the anterior axillary region became red and boggy, and broke down. A small amount of pus escaped, followed by a larger quantity of typical gummatous material. The whole process rapidly cleared up under the administration of potassium iodide, and the patient was quite well in a few weeks.

VINCENT P. NORMAN, M.D., M.R.C.P.

Bournemouth.

high attainments, for her helpfulness, and her honesty of character. So constantly did she assist the needy that she remained poor to the end of her days.

The death is announced of the Hon. JAMES JOHN GUERIN, M.D., emeritus professor of clinical medicine in the University of Montreal, and formerly mayor of Montreal. He was born in July, 1856, and graduated in medicine at McGill University in 1878. He was elected a member of the Legislative Assembly of the Province of Quebec in 1895, and entered the Quebec Cabinet two years later. Dr. Guerin was a Fellow of the Royal College of Physicians of Canada, and in 1912 the University of Dublin conferred upon him the honorary degree of LL.D.

We have to announce the death of Dr. FRANCIS EDWARD TOWNSEND. Educated at Haileybury and at Queen's College in Cork, where his father was professor of medicine and his grandfather a general practitioner, Dr. Townsend graduated M.D. and M.Ch. at the Royal University of Ireland in 1886. In the following year he went to Normanby, where he remained during the whole of his professional life. He was surgeon to the Eston Hospital, certifying factory surgeon, surgeon to the Post Office, and a Past-Master of the Ferrum Lodge, Middlesbrough. He was the eldest of seven brothers, two of whom were in the Army and two in the Navy during the war. His loss will be severely felt in Normanby and in the surrounding area of Cleveland.

We regret to announce the death on November 8th, at his residence in Portland Place, Carlisle, of Dr. CHARLES WILLIAM DONALD. He had an attack of angina pectoris shortly after attending the memorial service to Dr. Lediard in Carlisle Cathedral, and succumbed a few days later. Dr. Donald, who was 61 years of age, was an Orcadian. He graduated M.B., C.M. at Edinburgh University in 1892, and took the F.R.C.S.Ed. in 1899 and the M.D. in 1904. Coming to Carlisle in 1901 in partnership with Dr. Henry Barnes, he carried on the practice after Dr. Barnes retired from active work. He rendered valuable service on the honorary staff at the Cumberland Infirmary, where the Governors appointed him assistant physician in 1904, in succession to Dr. Bird. On the death of Dr. Bird in 1916 he was appointed senior physician. He was also police surgeon for the Cumberland Ward of the county. When at Edinburgh Dr. Donald excelled in various forms of athletics, including boxing. His adventurous temperament induced him to accompany the Scottish Geographical Expedition to the Antarctic as a medical officer and scientist. The researches he made on the expedition led to the publication of a paper on "The penguins of the Antarctic," and he several times delivered lectures in Carlisle on the Polar regions. Dr. Donald was in South Africa during 1899-1900 as civil surgeon in the Boer war, being attached most of the time to the 4th Mounted Infantry. During part of the war of 1914-18 he was in charge of the typhoid section of No. 17 General Hospital, near Alexandria, and on returning home attended almost daily at Chadwick V.A.D. Hospital.

The following well-known foreign medical men have recently died: Dr. GUIDO TIZZONI, formerly professor of general pathology at Bologna, who discovered antitetanic serum; Dr. SAMUEL GOLDFLAM, the doyen of Polish neurologists and pupil of Charcot, aged 80; Professor JULIUS SCHREIBER, formerly director of the medical polyclinic at Hamburg, aged 85; Professor J. HOPPE, a Cologne ophthalmologist, and an authority on trachoma; Dr. RUDOLF MATZENAUER, professor of dermatology at Graz; Professor LUDWIG RÜTIMEYER of Basel, an authority on diseases of the stomach; Dr. KARL PARTSCH, professor of surgery at Breslau; and Dr. EDWARD WYLLYS TAYLOR, emeritus professor of neurology, Harvard Medical School, and formerly editor of the *Boston Medical and Surgical Journal*, aged 66.

## Medico-Legal

### AN IMPOSTOR CONVICTED

James Arthur Thompson, described on the calendar as "aged 41, ship's doctor," pleaded guilty at the Manchester Assizes last week to nine counts of unlawfully procuring morphine, and of false pretences. His real name was stated to be Eric Ronald Cox, a native of Leicester, and his true age 36. By posing as a medical man he obtained supplies of morphine from Manchester doctors. When arrested he had a letter showing that he had applied for a position as ship's doctor with a Liverpool shipping firm. He was found guilty, and sentenced to twenty months' imprisonment.

## Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

A new session of Parliament was opened by the King on November 22nd. The speech from the Throne announced the coming introduction of measures dealing comprehensively with unemployment insurance and also with Scottish administration, rent restriction, London passenger transport, and probably with constitutional development in India. The speech declared that any provision for unemployed persons should not only afford material assistance but should also be designed to maintain their morale and their fitness to resume work. Speaking later in the House of Commons, Mr. Ramsay MacDonald said these points would also be the subject of legislation. No legislation of more direct medical interest was specified in the speech.

### Silicosis

On November 15th Mr. E. BROWN, replying to Mr. D. Grenfell, said that silicosis was not a notifiable disease, and the only figures with regard to it were those of cases in which compensation was paid under the Workmen's Compensation Act. The number of such cases in coal mines between February 1st, 1929, the date when the Various Industries (Silicosis) Scheme came into operation, and the end of 1931, was ninety-one, including twenty fatal cases. Figures showing the number of cases in each coalfield were only available for 1931. In that year compensation was paid in the fifty-two cases which arose as follows: South Wales, five fatal and thirteen disablement cases; Monmouth, five fatal and twenty-one disablement; Somerset, one fatal and two disablement; Staffordshire, one fatal and one disablement; Yorkshire, two disablement; and Lancashire, one fatal case. This made a total of thirteen fatal and thirty-nine disablement cases in the year.

Mr. Brown also informed Mr. Grenfell that the Coal Mines Act required the use of efficient means of preventing the escape of dust from power drills when used for drilling in ganister, hard sandstone, or other highly siliceous rock. Active measures continued to be taken to ensure effective compliance with this requirement, to ascertain which dusts were injurious to health, and in what circumstances, and to secure the use of practical and effective means of suppressing them.

Mr. Brown further stated, on the same date, that the stone dusting of colliery roadways as an essential protection against coal dust explosions had been generally enforced by regulation for nearly twelve years. It had proved remarkably effective, and he knew of no evidence that the practice had been injurious to health. The suitability of the dust used was constantly watched by inspectors of mines. In coal mining the development of disablement or fatal cases from silicosis was usually a matter of many years. It was very difficult, therefore, to relate the case fully and reliably to the working and medical histories of the victim, and at present the evidence in the very few cases not definitely associated with the use of power drills in siliceous rock was not conclusive. The condition of the lungs known as anthracosis was not specifically related to the use of power drills.

*Recent Outbreak of Foot-and-mouth Disease.*—In reply to Mr. William Nicholson, on November 16th, Dr. ELLIOT said that inquiries into the recent outbreaks of foot-and-mouth disease in Lincolnshire and Leicestershire had failed to establish the source of infection. In reply to Mr. Price, he stated that foxes were not susceptible to foot-and-mouth disease. Like other non-susceptible animals, birds, vermin, or even human beings, foxes might possibly carry infection mechanically, but it had never been established that the disease had been spread through them.

*Mental Treatment Act, 1931.*—Sir HILTON YOUNG told Mr. Atkinson, on November 16th, that the Mental Treatment Act came into operation on January 1st, 1931, and during that year 3,984 persons were received as voluntary patients under Section 1 (1) and 2,420 left; fifty-five became temporary patients and 205 were certified. The number turned into compulsory patients under Section 3 (2) of the Act was negligible; a precise figure could not be given without an examination of a large number of documents, and this could not be undertaken at the present time.

*Criminal Lunatics.*—Mr. OLIVER STANLEY stated, on November 17th, that 312 persons at present in Broadmoor Criminal Lunatic Asylum were found by juries to be insane upon arraignment, and thirty-nine other persons now there were certified insane while awaiting trial or on remand.

#### Notes in Brief

On November 15th Mr. Duff Cooper furnished Captain Balfour with reasons why the military units on Bermuda did not receive medical facilities from the civil medical staff.

## Universities and Colleges

### ROYAL COLLEGE OF SURGEONS

#### ANNUAL MEETING OF FELLOWS AND MEMBERS

The annual meeting of the Royal College of Surgeons of England took place on November 17th, with the president (Sir HOLBURT WARING) in the chair. The necessary quorum—thirty—was not secured, and therefore the usual resolution, that Members should be represented directly on the Council, could not be voted upon, though the president allowed it to be proposed and seconded.

The PRESIDENT, in presenting the annual report of the Council, referred briefly to some of the principal items. He commented first upon the primary examinations for the Fellowship which were held last year in Canada and Australia. The College wished, he said, to do everything possible to enable surgeons over-seas to attain Fellowship with the least disturbance of their private economy; and he believed that in South Africa and in India there were ideas on the same subject. The Council had raised objections to the petitions of the chiropodists and the osteopaths to the Privy Council for the granting of Royal Charters, and the petitions had been unsuccessful. With regard to research, he mentioned the progress made in connexion with the establishment of the research farm at Downe, in Kent. The buildings were being erected under a trust endowed by Sir Buckston Browne. Delay had occurred owing to the lack of supplies, in that remote country district, of gas and electricity, but the difficulty was now being tackled. In conclusion, the number of candidates for the diplomas of the College remained high—higher than some people might have expected, having regard to the competition of the new universities. The financial position was satisfactory, but more money would be required for research in the future than had been spent in the past, in view of increasing activities.

Dr. M. I. FINUCANE, referring to the Fellowship examinations held in Canada and Australia, said that the College must, of course, support the aspirations of surgeons over-seas to better their financial status. He asked what cost had been incurred in connexion with these examinations. Dr. E. W. D. KITE asked if research could not be directed to the reduction of mortality among women in childbirth. He hoped that the College was collaborating with other bodies concerned. The PRESIDENT, in reply, said that the good feeling between the Dominions and Colonies and the Motherland had been very much heightened during recent years, and the Council had felt, when approached by Canada and Australia concerning Fellowship examinations, that it should do everything it could to promote that feeling. Colleges and other institutions in

Canada had been visited, and much valuable information brought back. He believed that the cost incurred by the College in connexion with the first examination in Canada was £200, and in Australia £156. He promised to convey Dr. Kite's suggestion with regard to education in midwifery to the Museum and Research Committee.

The motion on representation of Members on the Council was in terms almost identical with that of previous years. It reaffirmed that Members, who constituted nine-tenths of the College, should be admitted to direct representation on the Council, particularly having regard to the striking result of the poll of Members recently taken. Dr. RICHARD GILLBARD, in proposing it, said that the resolution had been carried at the previous annual meeting, and Members, in their trustfulness, had thought that the goal was in sight. The Council was elected by about 1,800 Fellows, whereas the Members, ten times that number, were denied a voice. Apart from the lack of direct representation of Members on the Council, he believed that none of the Fellows on the Council were in general practice, so that the Fellows themselves, very many of whom were in such practice, were only partially and half-heartedly represented. There must be reasons why the Council was so peculiarly and exclusively composed, and he could only suppose that it was due to the fear lest the flag of the College be drawn into the political or medico-political arena. He did not think that fear was justified, though, if it were, the Members would say that it was a worthy motive, and one entitled to respect. He suggested that there should be elected to the Council four Members, and he cited the precedent of the General Medical Council, on which there were six representatives directly elected by the profession. Dr. Gillbard also emphasized the necessity for co-ordinating the profession at a time when a State medical service was a possibility. Dr. H. H. SANGUINETTI seconded the resolution, he said, in no truculent spirit of opposition, but because he desired the change in order that the College might rise to greater achievements. That there was dissatisfaction with the medical curriculum was shown by recent correspondence in the *British Medical Journal*. The field of work of the general practitioner was a very important one, requiring a special training, different in some respects from that suited to the consultant; and some of the general aspects of medicine, such as diet and various matters concerned with health promotion, were not sufficiently represented in the curriculum. He urged that to effect the reorganization which was desirable in medical education and in other respects there should be general practitioners on the Council of the Royal College, and he begged the present Council not to adopt "too almighty an attitude" towards the humble Members.

As already stated, owing to the lack of a quorum, the resolution could not be put to the meeting, but the PRESIDENT intimated that he would make a report to the Council on what had taken place.

### UNIVERSITY OF OXFORD

At a congregation held on November 19th the degree of D.M. (Doctor of Medicine) was conferred on C. L. Cope.

### UNIVERSITY OF CAMBRIDGE

At a congregation held on November 18th the degree of M.D. was conferred on R. F. Guymer and J. W. E. Cory.

### NATIONAL UNIVERSITY OF IRELAND

#### UNIVERSITY COLLEGE, DUBLIN

The following candidates have been approved at the examination indicated:

THIRD M.B., Part I (*Pathology and Materia Medica*).—\*P. A. M. Fitzgerald, \*O. P. N. A. Fitzgerald, \*J. G. Gallagher, \*D. G. Madigan, †T. W. M. D'Arcy, †P. J. Fox, †J. J. Walls, †J. Corcoran, †B. Malley, †T. I. Murphy, †E. O'Shaughnessy, †P. J. H. Clarke, †J. M. Murphy, †Nanette M. Leavy, †B. H. O'Brien, †Kate M. Gordan, †C. B. Mallen, †M. M. J. Enright, †J. Timoney, †P. O'R. Gavin, †J. McKenna, †J. J. O'Dwyer, †M. V. Sheehan, F. A. Akerele, J. O. O. Akerele, Mary B. Brady, P. J. H. Clarke, C. M. Connolly, B. F. J. Kean, P. L. Lynch, J. G. McCarthy, J. J. McCarthy, J. C. Massally. Part II (*Medical Jurisprudence and Hygiene*).—†D. K. O'Donovan, †Mary W. Meagher, P. Corry, N. B. Higgins, J. Jordan, L. M. Kiernan, M. K. Mellett, W. J. G. Murphy, G. F. Ryan, D. F. Savage, W. O'Hara. Exempt from further examination in Pathology: J. C. Boyle, P. J. Cremin, T. M. Kavanagh. Exempt from further examination in Part II: S. B. Potter.

\* First-class honours.

† Second-class honours.

## The Services

### QUEEN ALEXANDRA'S HOSPITAL FOR OFFICERS

The thirteenth annual reunion dinner of Queen Alexandra's Hospital for Officers was held on November 18th under the chairmanship of Lord Melchett, who was himself a patient in the hospital on two occasions. Over forty of the former patients and members of the staff were present. Major W. B. Binie responded to the toast of "The Former Patients," proposed by the chairman, and the toast of "Our Guest" (the Right Hon. J. C. C. Davidson, whose father, the late Sir James Mackenzie Davidson, was consulting radiologist to the hospital) was proposed by Mr. Herbert J. Paterson.

### DEATHS IN THE SERVICES

Lieut.-Colonel Alfred Eugene Berry, Madras Medical Service (ret.), died in India on September 19th, aged 63. He was born on June 21st, 1869, the son of Alfred Berry, banker, of Vepery, Madras, and was educated at the Madras Medical College, where he took the diploma of L.M.S. in 1891. Coming to England, he took the Scottish triple qualification in 1892, and entered the I.M.S. as surgeon lieutenant on January 29th, 1894. He became lieutenant-colonel on July 29th, 1913, was placed on the selected list for promotion on July 4th, 1918, and retired on December 1st, 1921. He served in the Zakka Khel campaign of 1908, on the North-West frontier of India, and received the frontier medal with a clasp, and in the war of 1914-21, in France and Belgium from November, 1914, to May, 1916, in Mesopotamia in 1918, and also in 1920-21, was thrice mentioned in dispatches, in the *London Gazette* of January 1st, 1916, January 12th, 1920, and September 9th, 1921, and received the C.I.E. on February 7th, 1921.

## Medical News

A public meeting to inaugurate the Institute for the Scientific Treatment of Delinquency will be held at University College, Gower Street, W.C., on Tuesday next, November 29th, at 8.30 p.m., with Dr. Edward Glover in the chair. Addresses will be given by the Earl of Feversham, Professor Winifred Cullis, Dr. J. A. Hadfield, Dr. W. Moodie, and Dr. J. R. Rees. Discussion is invited. All communications to be addressed to the honorary secretary of the Institute, 56, Grosvenor Street, W.1.

The British section of the World League for Sexual Reform will hold a meeting at the London School of Hygiene, Keppel Street, W.C., on Wednesday, December 7th, at 8 p.m., when Dr. J. C. Flugel, assistant professor of psychology, University College, London, will speak on modern morals and psycho-analysis.

The thirteenth annual dinner of the medical officers of No. 14 Stationary Hospital, B.E.F., will be held at the Trocadero Restaurant, Piccadilly, on Friday, December 9th. Colonel C. R. Evans, D.S.O., will be in the chair. Any member of the mess wishing to attend who has not received a notice should apply to the secretaries, Lieut.-Colonel H. M. Perry and Dr. H. L. Tidy, 39, Devonshire Place, W.1.

The eleventh annual dinner and reunion of the British Serbian Units Branch of the British Legion, and of those who served in Serbia during the war, will be held on Saturday, December 3rd, at Lysbeth Hall, Soho Square, at 7 for 7.20 p.m. Tickets may be had from the honorary secretary, 24, Melcombe Court, Dorset Square, N.W.1.

The sixth of a series of lectures on renal disease, arranged by the Fellowship of Medicine and Post-Graduate Medical Association, will be given at 11, Chandos Street, at 4 p.m. on November 29th, by Mr. Jocelyn Swan, on tumours of the kidney. These lectures are free to members of the Fellowship. Demonstrations of medical ophthalmology will be given at the Royal Westminster Ophthalmic Hospital, Broad Street, W.C., on December 7th at 5 p.m., and December 8th at 8.30 p.m. A panel of teachers is available daily for personal tuition in almost all branches of medicine and surgery; arrangement for attendance at these clinics must be made through the Fellowship of Medicine, 1, Wimpole Street, W.1.

The post-graduate course arranged by the Royal Northern group of hospitals at the Royal Northern Hospital, Holloway, and the Royal Chest Hospital, City Road, will open on November 29th at 3.15 p.m. at the former hospital, when Mr. L. E. Barrington-Ward will lecture on some surgical causes of indigestion. The last three lectures of the series, on March 1st, 8th, and 15th, will be given at the Royal Chest Hospital. The lectures and demonstrations are open to all medical practitioners free of charge. Particulars may be had from Dr. E. G. B. Calvert, Royal Northern Hospital, N.7.

The National Birth Control Association (with which is incorporated the Birth Control Investigation Committee) will hold its second annual meeting on Tuesday, November 29th, in the Caxton Hall, Westminster, at 4.30 p.m. The business meeting, at which the report of work done during the year will be presented, will be followed by a public meeting at 5 o'clock, with Sir Thomas Horder in the chair, at which the Countess of Limerick will be the principal speaker. Other speakers will be Lady Denman and Sir Allan Powell, formerly chief public assistance officer for the London County Council.

On Friday, December 2nd, Dr. Leo Jacobsohn will arrange, as part of the programme of the physicians' broadcast, a wireless course of recapitulatory lectures on cardiac auscultation. In connexion therewith artificial cardiac sounds will be transmitted via the German sender Königswusterhausen. Professional colleagues are requested to report to the Kaiserin Friedrich-Haus, Berlin NW 7, Robert Koch-Platz 7, with regard to the results of the reception.

The following members of the medical profession were called to the Bar by the Middle Temple on November 17th: Dr. Flora H. M. Calder, Lieut.-Colonel F. H. Harvey, R.A.M.C. (ret.), Dr. Reginald J. Hearn, Dr. J. H. Harley Williams.

A beautifully illustrated note on the Oto-Laryngological Section of the Pathological Museum at the B.M.A. Centenary Meeting, by Messrs. Edward D. D. Davis and Terence Cawthorne, appears in the November number of the *Journal of Laryngology and Otology*.

The trustees of the Rockefeller Foundation have made a further grant of £5,000 towards the research funds of the National Institute of Industrial Psychology, to be expended in the years 1933-6. Previous gifts have enabled the Institute, under the direction of Dr. C. S. Myers, F.R.S., its principal, to conduct an extensive series of researches, all of which have an immediate bearing on industrial and occupational life. The researches now in progress include an inquiry into the ability, and the measurement of the ability, to discriminate between slightly different shades of colour required in colour printing, dyeing, photographic and other work; investigations into manual assembly work and the influence of practice and training therein; experiments on the effects of rhythm in occupational movements, etc. The Institute is also engaged in preparing tests designed to discriminate between those who will and those who probably will never become good motor drivers. Other investigations in progress will improve the Institute's present methods of giving vocational guidance to young people.

The Charterhouse Rheumatism Clinic was opened four years ago for the free treatment of poor persons by stock vaccine injections. Its name is due to the fact that it has been housed by the Charterhouse School Mission in one of their club buildings in South London (Crosby Row, Long Lane, S.E.1). In order to extend the activities of this organization in various directions, and to meet the need for treatment of paying patients of small means, temporary accommodation for a second clinic has been acquired at 94, Hallam Street, W.1. Particulars may be had from the secretary, at that address.

In the *Journal* of September 10th (p. 527) reference was made to Dr. G. W. C. Kaye's paper on the suppression of noise, which he read before the Engineering Section of the British Association at York. The full text of this paper appeared in *Engineering* on September 9th and October 7th, and a reprint in pamphlet form may be consulted at the Library of the British Medical Association.