

advanced myocarditis, active pulmonary tuberculosis, marked arteriosclerosis, or any general debilitating disease, general sepsis, local inflammation, or infection.

2. There must be no ulceration of the skin immediately prior to treatment.

3. The skin must be cleaned and lightly powdered with dusting powder before applying the plaque, and this must be repeated on alternate days to ensure the absence of perspiration or fetid discharge irritating the skin.

4. The plaque should fit the area to which it is applied firmly and without possibility of friction.

5. It should be removed at once on the appearance of oedema in the skin (clinical oedema dose).

6. The part should be subsequently well powdered or calamine lotion applied. No soap should be used for two months.

7. Following radiotherapy there should be no friction, irritating apparel, etc.

8. The plaque should be removed immediately the burn appears, and the radium treatment discontinued.

9. The area should be cleansed thoroughly without soap, and a dressing of eucalyptus and paraffin (5 per cent.) applied. This should be replaced by sterile vaseline at a later stage when healing is evident.

10. The use of powders, etc., should be avoided at this stage.

11. Rest should be secured.

12. Where healing is intractable, rapidity may be aided by an erythema dose of ultra-violet light.

#### CASE REPORTS.

This method of treatment has been freely used in all cases of radium burns, both large and small, during the last year at this hospital with marked results, as the following three cases show.

*Case 1.*—The patient, aged 50, was admitted to hospital with recurrence of lymphadenoma on the opposite side of the neck; the original side had been treated with radium two years previously, and a burn had followed. The recurrence was treated, but an intractable burn followed—due to an accidental overdose—which extended from the angle of the jaw to the clavicle, on the right side. The treatment described was applied with beneficial results until an area the size of a sixpenny-piece was reached; this proved obstinate, but was overcome by the application of an erythema dose of ultra-violet light. The condition at present is completely healed, with supple scar and less pigmentation than on the site of the previous burn. The time limit from onset to complete healing was five weeks.

*Case 2.*—A man, aged 23, with lymphadenoma, received an adequate dose of radium, and was retained in hospital for one week following treatment, when he was discharged. He reappeared a week later with a statement that his own doctor, not satisfied with the slight redness of his neck, had ordered fomentations. The result was that the epidermis had been removed from the whole of his neck. A dressing of eucalyptus and paraffin was applied freely, to the patient's immediate relief, and the neck was completely healed and all dressings removed in fourteen days. No scar is now visible.

*Case 3.*—A patient, aged 15, with myelocysthaemia, was first treated in 1931 by radium application to the abdomen; no burn followed. He was again treated in December, 1932, and three or four burns appeared on the abdomen a few days after the radium treatment ceased. The epidermis had been removed, and there was a thin, watery discharge. Eucalyptus and paraffin were applied, with the result that all dressings were removed at the end of a week with the condition healed.

#### COMMENTARY

By the method of treatment described pain is relieved, and the oily antiseptic dressing, which does not hurt the patient when it is removed, keeps the scar supple, promotes healing, lessens discharge, and promotes epithelization without undue granulation. Where a large area is involved the scar remains supple and not contractile—for example, in the neck.

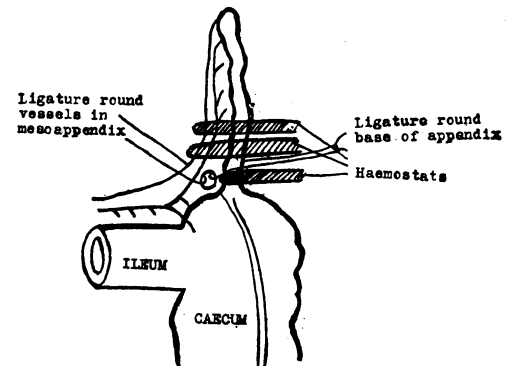
## Memoranda

### MEDICAL, SURGICAL, OBSTETRICAL

#### A SMALL IMPROVEMENT IN APPENDICECTOMY

The very small modification in technique which I am about to describe may be familiar to many of my readers, but I have never seen it mentioned in the textbooks. I feel, therefore, that it may possibly be of use, and as it tends to save time it may fairly be called an improvement. Briefly, it is a method of tying both the meso-appendix and the base of the organ after the passage of only one ligature.

Let me assume that the most difficult part of the operation is over. The caecum and appendix are isolated. Three pairs of haemostats are applied to the base of the



appendix, the last near the caecum, and including only the actual thickness of the appendix. Opposite this pair the meso-appendix is pierced by an aneurysm needle in a bloodless area; the needle is threaded and withdrawn. If now the ligature be cut at the eye of the needle there will be two lengths of catgut protruding through the meso-appendix, transfixing it. One of these can be tied round the base of the appendix, the other must of necessity include all the vessels of the meso-appendix.

It may be argued that this method is not as safe as Kocher's, but it is usual to transfix any pedicle on which a vital ligature is to be placed. I have never known one such ligature slip.

London, S.W.

A. R. C. HIGHAM, F.R.C.S.

#### INTERLOCKED TWINS

In view of the rarity of obstructed labour due to the interlocking of twins this case may prove of interest.

The following is the clinical history and management of labour in a case of "locked twins" delivered at the Royal Free Hospital on February 21st, 1933.

The patient, a single girl aged 19 (date of last menstrual period, mid-May, 1932; date of expected delivery, end of February, 1933), was first seen ante-natally when twenty-eight weeks pregnant. Progress throughout pregnancy was satisfactory. She also attended the venereal disease department for the treatment of syphilis. She was last seen on February 17th, 1933, at thirty-eight weeks; the presentation was diagnosed as a vertex left occipito-anterior, the head being still palpable in the abdomen. An x-ray examination was suggested to confirm the presentation, but this was not performed, as the patient went into labour.

She was admitted at 9.45 p.m. on February 20th in the first stage of labour, and on examination per vaginam by a senior student the cervix was three fingers dilated and the nature of the presenting part queried. A second vaginal examination was made by the obstetric assistant on February 21st at 8.45 a.m., after rupture of the membranes, and

a footling breech presentation in the left sacro-anterior position diagnosed, the cervix being almost fully dilated. At 10 a.m. the pains were definitely second stage in character; the feet were visible at the vulva. There was no further descent of the presenting part for two and a half hours, in spite of strong pains. I decided to examine under anaesthesia and complete the delivery of the breech. On vaginal examination the cord was found to be prolapsed and not pulsating. The delay was due to obstruction from the interlocking of two foetal heads. Both heads were extended; they were pushed up towards the fundus uteri, and the body of the first twin was rotated. The locked heads were disengaged finally by traction on the breech; the head of the first twin was drawn down past the head of the second, this manoeuvre being possible on account of the small size of the first twin. The second twin was delivered as rapidly as possible by artificial rupture of the membranes and by the application of forceps. It was a vertex right occipito-anterior, and was alive. The third stage of labour was of normal duration, and the haemorrhage moderate. The placenta was double and fused; two amniotic sacs were present. The total duration of labour was thirty-six hours twenty-five minutes. The first twin, a female, weighed 4 lb., and was stillborn; the second, a male, weighed 5 lb. 3 oz., and is alive. Both were two to three weeks premature. During the first four days of the puerperium the patient had pyrexia (Queen Charlotte's Hospital standard), due to offensive lochia. This responded to daily glycerin drain treatment. The condition on discharge of both mother and child was quite satisfactory.

I am indebted to Professor Dame Louise McIlroy both for her assistance with the delivery and for her permission to publish this case.

JOCELYN MOORE, F.R.C.S.,

Second Assistant, Obstetrical and Gynaecological Unit, Royal Free Hospital.

## Reports of Societies

### UTERINE INERTIA

At the June meeting of the Section of Obstetrics and Gynaecology of the Royal Society of Medicine, with Mr. J. P. Hedley, the president, in the chair, a discussion took place on uterine inertia, with special reference to treatment. The discussion was opened by Messrs. A. C. Bell, C. M. Marshall, R. G. Maliphant, and R. Newton, with regard to the first stage of labour; by Mr. A. J. Wrigley, concerning the second stage; and by Miss B. Turner the third stage.

Mr. A. C. BELL remarked that the scientific treatment of inertia could not be established on a sure footing until its cause was known. He discussed the orthodox views found in textbooks, and said that, in his opinion, the most important factor was probably fear, which might inhibit uterine contraction through the liberation of adrenaline. There was little evidence to support the idea that fibrosis was the cause of rigid cervix. With Mr. Bourne, he had had sections of many rigid as well as normal cervixes cut, and had found no microscopical evidence of fibrosis. In mild cases of inertia he advocated sedative treatment, and discussed the place of pituitary extract and other methods of simulating contractions. He condemned active dilatation of the cervix manually, or by hydrostatic bags. In severe degrees of inertia with "rigidity" of the cervix he held that Caesarean section had an important claim for consideration, and, when abdominal section was contraindicated, perforation of the foetal head with subsequent weight traction on an applied cranioclast was to be recommended. The serious nature of prolonged inertia was stressed. In a series of forty-nine cases he had found a maternal mortality of 10 per cent. and a foetal mortality of 40 per cent. In our present state of knowledge we were unable to predict which case would develop into the type of long-drawn-out inertia with rigid cervix and which case would, with patience, terminate spontaneously.

Mr. C. M. MARSHALL had seen the most marked examples of first-stage uterine inertia in cases (a) which presented

some disproportion, (b) where the vertex presented with the occiput posterior, and (c) where, for obvious (for example, hydrocephalus) or less obvious reasons, there was inefficient and inadequate cervical contact and stimulation at the onset of labour. He maintained that mental exhaustion was more to be feared than uterine fatigue. In his experience treatment had been mainly sedative in nature, and morphine was still the best drug available. He regarded pituitary extract as dangerous and quinine as uncertain. For any operative intervention during periods of partial or complete inertia the use of spinal analgesia was advocated.

Mr. R. G. MALIPHANT remarked that inertia, like spasmodic dysmenorrhoea, was a disorder of function, probably dependent upon hormonal disturbances. Both frequently affected the same type of individual; in neither condition could any structural defect be demonstrated in the uterus, and both gave their best results when treated along general rather than upon local lines. Probably hormones and psychic influences played an equally important part in the causation of weak uterine action. It was the placid rather than the anxious, worrying type of patient who had the smooth, easy confinement, but, with the march of civilization, the second type of patient was becoming more and more common, now that such wide publicity was given in the lay press to the dangers and mortality of childbirth. It was consequently one of the most important tasks of the obstetrician to earn the confidence of his patient, so as to promote a healthy frame of mind towards the approaching confinement. In the treatment of inertia the best results were obtained when the obstetric complication was neglected as far as possible, and when the accoucheur concentrated rather upon the condition of the individual as a whole. It was necessary to give regular nourishment, to relieve pain as much as possible, and to secure regular periods of sleep. He thought that glucose given frequently in half-ounce doses improved the quality of the uterine contraction, and that it combated the tendency towards acidosis, probably the chief cause of obstetric shock. There were two classes of cases which called for special treatment—the first was the case in which the head was high and the occiput posterior. In such a case no time should be lost in giving an anaesthetic and manually rotating the occiput forward. The head usually sank down upon the cervix, where it stimulated uterine action and prevented further loss of the liquor. The second class was the neglected case. The woman had perhaps been in labour with ruptured membranes for several days, and the cervix was still not half dilated. The least dangerous form of delivery from the point of view of the mother must be chosen, and a convenient and easy method was by applying traction to the foetal head by means of Willett's forceps.

Mr. R. NEWTON mentioned the results of an investigation of some 500 cases of delayed labour which he had treated as the resident obstetric surgeon in St. Mary's Hospital, Manchester. Of these, 147 were absolutely uncomplicated cases of delay; a sedative was given, and in many quinine was used as a stimulant. Resort to mechanical intervention was never necessary in the first stage. There were no maternal deaths. In sixty-three cases early rupture of the membranes was the only complication, and in six of these it was necessary to incise or dilate the cervix. In twenty-nine cases early rupture of the membranes was associated with an occipito-posterior presentation, and artificial dilatation of the cervix was necessary in two of these. It was taught in Manchester that before a woman entered into labour it was possible to obtain some idea of the activity of the uterine muscle. When the tone was poor, as tested by its reaction to palpation, the action of the parturient uterus was likely to be sluggish. In these cases medicinal induction of labour at term was advised. The judicious use of morphine in the first stage was strongly advocated. He had not been convinced of the value of ovarian residue, except that in some cases it diminished pain in the contractions. He had not much faith in mechanical dilators of the cervix, but, if one was used, his preference was for Gerrard's cup dilator, because it did not displace the presenting part nor injure it.

## THE LATE MR. FRANK JEANS

The first part of the funeral service for the late Mr. Frank Jeans was held in Liverpool Cathedral on June 23rd, in the presence of a large congregation, including many representative members of the University, the Royal Infirmary, the Medical Institution, and the medical profession generally. We print below extracts from personal appreciations written by leading colleagues in Liverpool.

Professor R. E. KELLY writes: Always a surgeon of broad interests, his chief work centred in urology, a specialty in which he so excelled that he was elected president of the Urological Section of the Royal Society of Medicine, an honour of which he was very proud. In many ways Jeans was a true pupil of Banks. Each in his turn was the best after-dinner speaker in our city. Jeans had a fund of humour of a whimsical flavour all his own, while his rapier-like wit and felicitous turn of phrase were a constant delight. He was very much loved, and will be greatly mourned. A generation of medical students will remember what he said when much of their medical teaching has faded into the twilight of forgotten things.

Professor JOHN HAY writes: We knew him as a man of great courage, in whom there was nothing mean or paltry, outspoken, fearless, and with a soul full of kindness. His was a fine, big, generous nature, permeated with that rare quality, the gift of charity. When he spoke it was as a master of happy speech and felicitous phrases, and his friends and students will always remember with pleasure and profit the witty aphorisms with which he enlivened his conversation. But behind the wit and the humour was sound judgement, based on wide knowledge and an uncanny understanding of human nature, and to him to understand was to forgive.

We regret to announce the death, on June 24th, at Clapham Park, S.W., of Dr. J. GRAY DUNCANSON, at the age of 62. He was the younger son of the late Rev. P. C. Duncanson, and was educated at Hamilton, Glasgow Academy, and Glasgow University, where he passed his final examination for the M.B. and C.M. with commendation at the age of 20, graduating when 21. He acted as assistant to Dr. Gowans of South Shields, and on returning to Glasgow was appointed resident medical officer in the Victoria Infirmary. He then paid an extensive visit to the East, and in 1894 carried on a large general practice in the Woolwich, Shooters Hill, and Blackheath district with his elder brother, Dr. J. C. Duncanson. In 1914 he joined the R.A.M.C., and organized the Auxiliary Hospital, Woolwich, later commanding the medical division at the Royal Herbert Hospital. Proceeding to France he became registrar, and organized in great measure No. 72 General Hospital, Deauville. He rose rapidly to the rank of major, and was twice mentioned in dispatches. From 1920 he held the appointment of regional medical officer at the Ministry of Health, which work he was carrying on at his death. Dr. Duncanson had been secretary and vice-president of the Therapeutical Section of the Royal Society of Medicine, and for some years he was a member of the National Formulary Subcommittee of the Insurance Acts Committee.

The following well-known foreign medical men have recently died: Geh. Med. Rat. Professor RODERICK STINTZING, formerly director of the Medical Clinic at Jena, aged 80; Professor C. E. OVERTON, emeritus professor of pharmacology at Lund, aged 68; Dr. ROBERT SCHELLER, extraordinary professor of Hygiene at Dresden, aged 57; Lieutenant-General PAUL DEMOLDER, inspector of the health service of the Belgian Army and Commander of the Order of St. Michael and St. George, and Commander of the Legion of Honour; Dr. F. G. GADE, formerly editor of *Norsk Magasin for Laegevidenskab*, aged 73; Dr. EDOUARD JULIAN, co-editor of *L'Intermédiaire des Chercheurs et Curieux*, aged 59; Dr. V. HUTNEL, formerly professor of children's diseases in the Paris Faculty of medicine and Commander of the Legion of Honour; and Dr. R. SOUTTER, a Boston orthopaedic surgeon.

## KING'S COLLEGE HOSPITAL MEDICAL SCHOOL

## OPENING OF NEW BUILDINGS

The new buildings of the Medical School of King's College Hospital, Denmark Hill, were opened on July 4th by H.R.H. Prince George. Admiral of the Fleet Earl Beatty, the new chairman of the hospital committee of management, presided over the ceremony, which was attended by the Vice-Chancellor of the University of London, the Mayors of Camberwell and Lambeth, and the members of the school and hospital staffs. Lord Beatty reminded the gathering that King's College came into being in 1829, the Medical Faculty in 1830, and King's College Hospital in 1839. Until the hospital was founded the medical students had had to walk the wards of other hospitals. The hospital was in proximity to the College in the Strand until 1913, when it was removed to Denmark Hill. A few years ago it was decided to celebrate the centenary of the Medical School by taking in hand a much-needed extension, and the new buildings resulting from that project he asked the Prince to open.

Prince George said that medicine and surgery, with all their specialized branches, were progressing steadily year by year, and to keep pace with this progress the task of the teacher and the student alike grew ever more exacting. It was therefore essential that the student should take full advantage of the modern methods of medical education. But the school had another function in addition to the training of students—namely, the study of disease and research into its causes, with the object of advancing its treatment and prevention. To celebrate the centenary of the school the authorities had wisely decided to extend its facilities for the exercise of both these functions. He added that the records of the school during the past one hundred years contained the names of many distinguished physicians and surgeons, but two of them deserved special mention—namely, Lister, the association of whom with King's College Hospital and School for sixteen years would ever make it famous, and David Ferrier, who, in its neuro-pathological laboratories, carried out his great researches into the functions of the brain.

The Dean (Dr. J. A. Drake) then gave a brief account of the new buildings. The decision to extend the Medical School, he said, was not prompted only with the object of celebrating the centenary; additional accommodation had become essential owing to the increased number of students. In planning the new buildings both the education of the student and the necessities of research had been kept in mind, and provision had been made for further extension should this be desirable in the future. First and foremost, there was a large pathological museum of modern design; additional class-rooms had been provided; a large laboratory had been built and equipped for biochemistry, and a number of smaller laboratories would be at the disposal of the medical and surgical staff, and also of younger men who were qualified to use them and anxious to investigate any special problem of disease. In addition there were large common rooms for men and for women students, and a refectory hall, which could also be used for special lectures and meetings, and for such events as the annual opening ceremony of the winter session. The cost of the new buildings was approximately £40,000, towards which £10,000 had been voted by the Court of the University of London. Other sums had been collected from well-wishers by the Dean Emeritus (Dr. Willoughby Lyle), and the building fund had also been greatly increased by the policy of financial conservatism which had been pursued by the school for some years past, but a building debt of approximately £5,000 remained.

An inspection of the school was then made by the general company. The teaching museum, while allowing a complete general view, is arranged in separate bays for classification purposes and for the instruction of students in the various branches of medicine, surgery, and obstetrics. The biochemical research laboratory has been constructed on an additional floor over the original

students' pathological laboratory, and the work in it will be run in conjunction with the reconstructed diabetic clinic of the hospital. There is also a dental museum, which will provide all the accommodation necessary for the increasing number of specimens which are being collected by a growing dental school.

## Universities and Colleges

### UNIVERSITY OF CAMBRIDGE

The following candidates have been approved at the examination indicated:

THIRD M.B.—(*Part I, Surgery, Midwifery, and Gynaecology*): S. T. Anning, T. M. Bell, N. B. Betts, W. R. Billington, G. O. A. Briggs, J. C. Buckley, F. Clifton, E. L. Cohen, W. J. B. de Gruchy, J. H. Dixon, A. B. Evans, S. M. Evans, G. L. Foss, W. R. Gavin, W. E. F. Gough, E. M. Griffin, E. R. Hargreaves, N. H. Harwood-Yarred, J. D. Hay, E. C. Herten-Greaves, G. T. Hindley, A. C. L. Houlton, W. R. S. Hutchinson, L. G. Irvine, G. H. Jennings, A. Kekwick, J. H. Lankester, J. C. Lee, R. S. Lewis, W. H. Lewis, M. K. Martyn, F. S. A. Maw, W. B. Mumford, W. F. Nicholson, G. S. W. Organe, E. W. Price, E. G. Pyne, L. R. J. Rinkel, G. C. D. Roberts, H. J. M. Robinson, M. A. Rugg-Gunn, J. H. Shakespeare, J. Smart, J. T. W. Spiridon-Klischewski, S. M. Thompson, O. A. Trowell, J. G. Vincent Smith, E. O. Walker, G. E. Walker, H. C. M. Walton, W. F. Walton, G. L. Ward, V. H. Wilson. *Women*: P. L. Holliday, F. C. Naish, M. C. A. Robson, R. A. Rushton, E. D. Thompson. (*Part II, Principles and Practice of Physic, Pathology, and Pharmacology*): G. L. Alcock, S. T. Anning, W. C. Barber, H. Barcroft, G. F. Barran, C. G. Batty-Smith, W. T. C. Berry, E. J. M. Bowlby, G. O. A. Briggs, K. L. Buxton, R. Cairns, C. M. Carr, A. H. Charles, E. L. Cohen, A. G. Cross, W. Dykes Bower, G. L. Foss, P. H. R. Ghey, J. N. Groves, M. I. A. Hunter, W. R. S. Hutchinson, L. G. Irvine, J. G. Jones, D. Kyle, A. W. Langford, A. B. MacGregor, W. S. McKenzie, T. C. Maling, J. W. Maycock, A. Miller, M. P. Morel, J. G. More Nisbett, H. J. V. Morton, B. C. Murless, R. Q. Parkes, E. W. Price, J. S. M. Pringle, S. A. Propert, I. G. Robin, G. Scott, E. Sharp, E. P. Sharpey-Schafer, D. W. Smithers, J. G. C. Spencer, R. A. Sykes, E. W. Taylor, G. W. Thomas, H. B. Tipler, O. A. Trowell, T. M. Tyrrell, G. I. Watson, R. H. H. Williams, J. Wilson. *Women*: D. K. Emery, M. Sutcliffe.

### UNIVERSITY OF BIRMINGHAM

At a congregation held on July 1st the following medical degrees were conferred:

M.D.—F. H. Healey.  
M.Ch.—W. Gemmill, B. Lloyd.  
M.B., Ch.B.—\*D. M. Brown, \*†C. S. Whitehouse, H. C. Aston, G. R. Clarke, A. C. Edwards, R. E. P. Field, J. G. H. Frew, A. Hemming, †J. Montgomerie, Emma D. N. Part, F. J. Rutter, W. P. Stevens, J. L. Whatley.

\* Second-class honours. † Distinction in surgery.

‡ Distinction in medicine.

The following scholarships and prizes have been awarded: *Queen's Scholarships*: (Third year) L. W. Aldridge, (fourth year) H. B. Hunt, (fifth year) J. S. Mitchell, (final year) C. S. Whitehouse. *Arthur Foxwell Memorial Medal*: (Final year) J. Montgomerie. *Sampson Gamgee Memorial Medal for Surgery* (final year) and *Priestley Smith Prize for Ophthalmology* (final year): C. S. Whitehouse. *Russell Memorial Prize*: O. A. Trowell. *Peter Thompson Prize in Anatomy*: (Third year) E. J. Goldman.

### UNIVERSITY OF DURHAM

At the Convocation held on June 27th, presided over by the Chancellor, Lord Londonderry, the honorary degree of D.C.L. was conferred on Lord Horder, M.D., F.R.C.P., physician-in-ordinary to the Prince of Wales and senior physician to St. Bartholomew's Hospital.

### UNIVERSITY OF SHEFFIELD

Constance N. Jenkinson has been approved for the degree of M.D.

### UNIVERSITY OF GLASGOW

At a meeting of the Senate on June 30th Professor D. F. Fraser-Harris, M.D., D.Sc., was awarded the triennial prize (for 1932-3) in the history of medicine for an essay on "Antiseptics before Lister."

### UNIVERSITY OF WALES

The following candidates have satisfied the examiners in the examination indicated:

DIPLOMA IN PUBLIC HEALTH.—(*Part I*): G. J. Roberts, Jean J. Smith, Anne E. Williams-James.

### NATIONAL UNIVERSITY OF IRELAND

#### HONORARY DEGREES

The Senate at its recent meeting decided that honorary degrees, as follows, should be conferred in connexion with the forthcoming Annual Meeting in Dublin of the British Medical Association:

LL.D.

Professor T. Gillman Moorhead, M.D., P.R.C.P.I., as President of the Royal Academy of Medicine in Ireland, and in recognition of his eminence in his profession.

Sir Humphry Rolleston, Bt., G.C.V.O., M.D., D.Sc., LL.D., in recognition of his services as late Regius Professor of Physic at Cambridge University, and of his association with the National University of Ireland as an extern examiner.

M.D.

Sir Robert Bolam, LL.D., M.D., F.R.C.P., in recognition of his work as former Chairman of Council of the British Medical Association.

Sir Henry Brackenbury, LL.D., M.R.C.S., as Chairman of Council of the British Medical Association.

D.Litt.

T. Percy C. Kirkpatrick, M.D., F.R.C.P.I., in recognition of his contributions to literature.

D.Sc.

Professor Joseph Barcroft, F.R.S., in recognition of his eminence as a physiologist, and of his long association with the University as an extern examiner.

Rufus Cole, M.D., Director of the Rockefeller Medical Research Hospital, New York City, in recognition of his eminence in medical research.

Professor Dean Lewis, M.D., in recognition of his work as President of the American Medical Association.

Professor Thomas H. Milroy, M.D., B.Sc., LL.D., Professor of Physiology in Queen's University, Belfast, and for many years extern examiner in the National University of Ireland.

Sir Edward Sharpey-Schafer, LL.D., Sc.D., F.R.S., in recognition of his contributions to scientific literature.

D.Sc. (Public Health)

Professor J. M. Beattie, M.D., in recognition of his services to public health, and of his association with the University as an extern examiner.

Sir Leslie Mackenzie, LL.D., M.D., F.R.C.P.Ed., in recognition of his services to public health.

Sir John William Moore, M.D., F.R.C.P.I., D.P.H., in recognition of his services to public health, and as Past-President of the Royal College of Physicians of Ireland.

M.Ch.

John F. O'Malley, F.R.C.S., a distinguished former student of Queen's College, Galway, and in recognition of his eminence as an oto-rhinologist.

Sir Hugh Rigby, Bt., K.C.V.O., M.S., F.R.C.S., in recognition of his eminence as a surgeon.

### UNIVERSITY COLLEGE, CORK

The following candidates have been approved at the examinations indicated:

M.B., B.Ch., B.A.O.—J. J. Linehan (second-class honours), J. S. Kelleher, M. F. Kelleher, J. G. O'Sullivan. (*Part I*): C. J. Cantillon, P. J. Geoghegan, H. L. Lentin, J. P. O'Leary. (*Part II*): M. Flavin.

M.D.—J. D. Riordan, R. C. Webster.

D.P.H.—Mary C. O'Connell.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND

#### Primary Fellowship Examination

The following have been successful at the First Professional Examination for the Diploma of Fellow:

E. S. Allin, G. N. Bailey, M. Baillie, Alice J. M. T. Barnes, P. Baron, R. J. V. Battle, B. J. Bickford, A. N. Birkett, A. W. Bone, Arabinda Chaudhuri, J. A. Cholmeley, E. J. Collins, W. S. Diggle, D. B. Fraser, K. D. Fraser, O. M. Galal, S. Glaser, H. C. P. Gunewardene, T. S. Heslop, L. J. Honeywill, J. S. Horn, L. J. Horn, J. Hughes, D. W. Jolly, H. Josephs, Marjorie F. Landau, V. D. Logue, J. N. Madan, I. Magdi, I. W. Matheson, D. N. Matthews, B. W. Nairn, W. McN. Niblock, J. C. Nicholson, G. W. Palmer, M. M. Pandya, Dorothy J. Perkins, S. Rameshwer, E. P. Rigby, Elaine M. K. Salmond, D. M. Samuel, D. A. Sanford, J. Schofield, A. K. Sen, B. K. Sheorey, J. F. Shepherd, M. Z. R. Siddiqui, D. Slome, T. M. Smith, R. R. S. Strang, S. Sunkavally, W. H. Sweet, H. G. Ungley, J. R. Vaid, D. Whittridge, D. Wilkie, B. L. Williams, R. H. Young.

### SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

SURGERY.—J. L. Cope, S. A. de Souza, H. M. el Magidi, T. E. Mitchell, P. J. Purcell.

MEDICINE.—W. H. Ekin.

FORENSIC MEDICINE.—E. Cohen, S. Gurevich, S. G. Nathan, A. W. Turner.

MIDWIFERY.—E. C. Dax, T. Gardner, A. E. Glanvill, N. C. Lendon, R. M. Outfin.

The diploma of the Society has been granted to Messrs. W. H. Ekin, A. E. Glanvill, S. Gurevich, and T. E. Mitchell.

## Medical News

The new Freemasons' Hospital and Nursing Home at Ravenscourt Park, Hammersmith, of which a short account was given in the *Journal* of May 13th (p. 840), will be formally opened on Wednesday, July 12th, by the King, who will be accompanied by the Queen.

The fifteenth annual meeting of the Mental Hospitals Association will be held at the Guildhall, London, on Wednesday, July 12th, at 11 a.m.

The next series of lectures and demonstrations on tropical hygiene, intended for men and women outside the medical profession proceeding to the Tropics, will be given by Lieut.-Colonel G. E. F. Stammers from July 10th to 19th. The synopsis and other particulars can be obtained from the secretary, London School of Hygiene and Tropical Medicine, Keppel Street, W.C.1.

The Fellowship of Medicine announces a demonstration of x-ray films (especially suitable for M.R.C.P. candidates) by Dr. Peter Kerley, on July 13th, at 4 p.m., at 11, Chandos Street, W. In the absence of special courses attention is called to the individual clinics which are available daily by arrangement with the Fellowship. The number of post-graduates attending each clinic is strictly limited, the usual maximum being four. These clinics cover almost every branch of general medicine and surgery, and a full list is printed each month in the *Post-Graduate Medical Journal*, or can be obtained on application to the Secretary, Fellowship of Medicine, 1, Wimpole Street, W.1.

The quadrennial meeting of the International Council of Nurses will be held in Paris and Brussels from July 9th to 16th. Mlle L. Chaptal, president of the National Association of Trained Nurses of France, will preside, and some 5,000 trained nurses from all over the world are expected to attend. The National Council of Nurses of Great Britain has nominated Miss Alicia Lloyd Still, C.B.E., R.R.C., for the position of president of the International Council of Nurses, and has also extended an invitation to the council to meet in London in 1937. The council is to receive official recognition from the French and Belgian Governments, and members of the congress will be received by the King and Queen of the Belgians.

The third International Congress for Experimental Cytology will be held at Cambridge from August 21st to 26th. Among the topics to which special attention will be devoted are cell respiration and metabolism; cell form and function as demonstrated by recent advances in tissue culture; the electrophysiology of the cell; the mechanism of development; and the cultivation of animal and plant viruses. Those wishing to attend the congress are asked to communicate as soon as possible with Dr. H. B. Fell, Strangeways Research Laboratory, via Cherryhinton, Cambridge, from whom further information may be obtained.

The third congress of the Societas Oto-rhino-laryngologica Latina will be held in Paris from July 24th to 26th, with M. Justin Godard, former Minister of Public Health, as president of honour, and Dr. H. Bourgeois as president. A report will be made on nerve deafness. The subscription is 100 French francs, which should be sent to Dr. Chavanne, 5, Place des Cordeliers, Lyons.

The Congress of French-speaking Physicians will be held at Quebec on August 27th, under the presidency of Professor Rousseau, dean of the medical faculty of Laval.

The six opening papers in this month's *Practitioner* are devoted to the newly born child, his care and management, and some of the diseases and defects to which he is liable.

The issue of *La Medicina Ibera* for June 10th contains an illustrated account of the seventh international congress of military medicine and pharmacy recently held at Madrid, with portraits of the principal members.

The issue of the *Gazette des Hôpitaux* for June 24th is devoted to tuberculosis.

Sir Richard Gregory, Bt., Editor of *Nature*, has been elected a Fellow of the Royal Society under the provisions of Statute 12, which provides for the recommendation by the Council of "persons who, in their opinion, either have rendered conspicuous service to the cause of science, or are such that their election would be of signal benefit to the Society."

Applications are invited by the Association of Surgeons of Great Britain and Ireland for a surgical scholarship of the value of £350, to be held for one year. The object of the scholarship is to enable the holder to pursue a definite line of research or to study surgery in specified clinics, either at home or abroad. The election will be made in November, and applications must reach the secretary of the Association, 65, Portland Place, W., by September 30th.

All appeals against the sentences in the Lübeck trial have been rejected by the German High Council of Appeal.

Sir Henry Lunn Ltd. is arranging to run passenger aeroplanes to Dublin during the Annual Meeting of the British Medical Association. The return fare will be £13, which includes road transport between London and Heston aerodrome and also between Dublin aerodrome and the centre of the city. Special services can also be arranged at reduced rates if return booking is guaranteed. Sir Henry Lunn Ltd. also contemplates running a service by flying boat from Blackpool to Dublin. An announcement appears in our advertisement pages this week, and further particulars will be published in the *Supplement*.

## Letters, Notes, and Answers

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

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

Authors desiring REPRINTS of their articles published in the *British Medical Journal* must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs. Authors over-seas should indicate on MSS. if reprints are required, as proofs are not sent abroad.

All communications with reference to ADVERTISEMENTS, as well as orders for copies of the *Journal*, should be addressed to the Financial Secretary and Business Manager.

The TELEPHONE NUMBER of the British Medical Association and the *British Medical Journal* is EUSTON 2111 (internal exchange, four lines).

The TELEGRAPHIC ADDRESSES are:

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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 (telegrams: *Associate, Edinburgh*; telephone: 24361 Edinburgh).

## QUERIES AND ANSWERS

### Celluloid Splints

"J. H. L." inquires about the method of making the celluloid splints that are used for tuberculosis joints, among other purposes.

\*\* *Pexuloid*—non-inflammable celluloid—splints were described in the journals by the late Dr. F. E. Batten of the Children's Hospital, Great Ormond Street, some years before the war. Acetone is the solvent used, not ether-alcohol. *Certalmid*, which is stronger than *pexuloid*, was introduced by the Pensions Ministry for artificial limbs. The materials for making *certalmid* may be obtained from the General Surgical Company, Ltd., Glensurco House, Rosebery Avenue, E.C.1. It is scarcely necessary to state that these materials are used in bandage form applied on plaster casts of the affected parts. A final external varnish of celluloid solution is used as a finish.