

Cells at the root of the zygoma above and superficial to the mastoid antrum must also be attacked, and in like manner must the post-facial cells which lie behind the descending portion of the facial nerve be exenterated. Neumann's advice is: "Be radical in the conservative mastoid operation."

If we are entirely satisfied that all infected cells have been completely freed of pus and granulations we can now allow the cavity to fill with blood clot and suture up the mastoid wound without drainage, or a small silkworm-gut drain may be inserted into the lower end of the wound for twenty-four hours. In this way primary healing will take place in those cases in which the patient's general resistance has not been too severely sapped by a virulent infective fever. Most surgeons, however, prefer to act on the principle of "safety first"; they leave the mastoid incision partly open and drained by tube or gauze wicks.

The adaptation of Heath's conservative mastoid operation, in which the mastoid incision is completely sutured and the cavity drained with a tube through the posterior wall of the external auditory meatus after removal of much of the posterior bony wall of the meatus, commends itself to some otologists.

If there has been any exposure of the dura of the middle fossa or lateral sinus by the disease, and the dura is covered with granulations, and particularly if the patient is suffering acutely from toxæmia of the infection, it is certainly preferable to leave the wound widely open and to afford adequate drainage by tube or gauze wicks inserted in parallel strands and not packed tightly in the cavity. It is a safe procedure to treat the bony cavity

with bipp, which also has the added virtue of facilitating the removal of the gauze wicks and diminishing the pain of the early dressings. The tube or gauze wicks may be changed in three days, and thereafter daily or every second day. As the discharge becomes serous they may be dispensed with and the cavity allowed to close. In this way healing will be complete in about three or four weeks, and the hearing power in most cases will be restored to normal and the perforation of the drum will be closed. This should be the ideal aimed at; and if properly and honestly aimed at it will be achieved.

SUMMARY

In the early stage of acute otitis media abortive measures, such as rest in bed, administration of a purge, steam inhalations of friar's balsam, drops of warm glycerin of carbolic, a rubber hot-water bag to the ear, may suffice to bring about resolution and cure. If this is ineffective the drum membrane should be freely incised and adequate drainage of the tympanic cavity and of the mastoid antrum, via the aditus, afforded. This may bring about a restitution to normal of an infected mastoid. If temperature persists in spite of adequate drainage, and mastoid pain and tenderness increase, and the patient is obviously not improving, mastoidotomy becomes imperative, and should not be unduly delayed. By adopting such a definite course we may hope to avert the onset of the more serious complications of otitis media—namely, meningitis, lateral sinus thrombosis, cerebral and cerebellar abscess, facial paralysis, labyrinthitis, and deafness, the treatment of which is outside the scope of this paper.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

PERFORATED GASTRIC AND DUODENAL ULCER

A SURVEY OF FIFTY CONSECUTIVE CASES

During the period 1927 to 1931, I operated on fifty cases of perforated ulcer of the stomach and duodenum, and from a survey of these some interesting features emerge. These are recorded as under:

Sex.—Of the fifty cases all were males. In 1906 the late Professor Caird¹ of Edinburgh published a series of twenty-five consecutive cases of operation for perforated gastric and duodenal ulcer, and of these fifteen were females and ten males. Hamilton Bailey² in ninety-three cases had only nine females with perforated ulcer.

Age.—The average age was 39½ years, the eldest being 67 and the youngest 16.

Previous Symptoms.—Thirty-seven of the patients had suffered from previous attacks of stomach trouble, and the other thirteen denied any prior gastric symptoms.

Previous Treatment.—Out of the total number thirty-two had been treated by dieting and medicine, and twenty-four had been told that they had a gastric or duodenal ulcer.

Situation and Type of Ulcer.—In all cases the ulcer was chronic in type, and was situated on the anterior aspect of the stomach or duodenum. The situation of the ulcer in the fifty cases was: proximal to the circular vein of Mayo, 11; first part of the duodenum, 39.

Time between Perforation and Operation.—The number of hours perforated worked out at an average of nine. Fifty-one hours was the longest period perforated, and there were eleven cases in which the man was operated on within four hours of perforating. Details are shown in Table I.

TABLE I

No. of Hours Perforated	No. of Cases	No. of Deaths
3-12	41	2
13-24	5	0
25-51	4	2
Total	50	4

Type of Operation and Mortality.—The cases have been divided into three groups, according to the type of operation performed, and the mortality rate for each group is shown in Table II.

TABLE II

Group	Type of Operation	No. of Cases	Deaths	Mortality per cent.
1	Closure of ulcer with drainage of abdominal cavity	32	2	6.2
2	Closure of ulcer without drainage	5	0	nil
3	Closure of ulcer with drainage and gastro-jejunostomy	13	2	15.3
Total		50	4	8

This gives a general mortality of 8 per cent. for the fifty cases.

Fatal Cases.—These are shown in Table III.

TABLE III

No.	Age	Hours Ill	Operation	Site of Ulcer	Day of Death
1	29	6	Closure of ulcer and gastro-jejunostomy	Duodenal	8th
2	58	48	Closure of ulcer	Duodenal	3rd
3	38	14	Closure of ulcer and gastro-jejunostomy	Duodenal	10th
4	46	25	Closure of ulcer	Gastric	2nd

In all four fatal cases drainage of the abdominal cavity was employed, and all had a general anaesthetic. The cause of death in three cases was bronchopneumonia, and in the fourth peritonitis.

Post-operative Complications.—Two cases developed right subphrenic abscess, and both recovered after further operation for drainage of the abscess. Two cases had recurrence of symptoms and required gastro-enterostomy. One case perforated a duodenal ulcer a second time one year after his first operation. One case developed acute appendicitis two years after operation.

Type of Operation.—The simpler the operation the better. In the last nine cases I used local infiltration with 1/2 per cent. novocain as an anaesthetic, the patient having received 1/3 of a grain of morphine half an hour previously. The ulcer is closed with through-and-through catgut stitches, and a piece of fat from the omentum is fixed over the suture line. If drainage is required, this is done by suprapubic incision made under local anaesthesia. The upper incision is closed in layers, and a drain of soft rubber left down to the peritoneum. "Pressoplast lace" dressing is applied.

SUMMARY

The important points emerging from this survey have often before been emphasized—namely:

1. The simpler the operation the better.
2. The methods and skill of the surgeon are not a very important factor (Rendle Short).³
3. The time factor is the important one.

REFERENCES

- ¹ Caird, F. M.: *Scottish Med. and Surg. Journ.*, 1906.
² Bailey, Hamilton: *Emergency Surgery*, vol. i.
³ Short, A. Rendle: *Medical Annual*, 1931.

J. MURRAY BLACK

M.B., Ch.B., F.R.C.S.Ed.,

Honorary Surgeon, Dunfermline and
West Fife Hospital.

AN UNUSUAL PHARYNGEAL ABSCESS

I report the following case because I have never met an abscess in this situation, and because there were no definite signs—such as pain, tenderness, or swelling—whereby one could diagnose it. Moreover, the pyrexia, and such illness as the patient had, appeared sufficiently accounted for by the erysipelas.

A man, aged 24, was admitted into the Tolworth Isolation Hospital on June 2nd, 1933, with a diagnosis of erysipelas and a history of sore throat of ten days' duration. He had been in the Surbiton Hospital since May 17th for appendicitis.

On admission he did not appear very ill. There was swelling and redness over the bridge of the nose extending on to the right side of the face, with a few small blebs on the erythematous base; his tongue was furred, the fauces somewhat reddened, the temperature 102.4°, pulse 104, respiration 22. During the next four days his temperature swung between 102° or 103° in the evening and 98.4° or 99° in the morning, and there was extension of the erythema on the forehead and oedema of the left upper eyelid. On June 7th he complained of some difficulty in swallowing, but nothing could be seen in his throat to account for it. His neck was symmetrical and his chest normal. On the evening of June 8th he seemed comfortable, and took two tumblers of milk during the night. At 6 a.m. on June 9th his temperature was taken. A few minutes later he called out that he was going to choke, became black in the face, and died.

Post-mortem.—Pus was found on each side of, and a little behind, the thyroid cartilage, and an abscess track connecting the two passed between the larynx and pharynx, there being about three drachms of pus altogether. There was no obvious compression of the larynx or pharynx, though there was considerable oedema of the pharyngeal mucous membrane.

Surbiton.

HARRY COOPER, M.D.

British Medical Association

CLINICAL AND SCIENTIFIC PROCEEDINGS

A CLINICAL STUDY OF EPIDEMIC CEREBRO-SPINAL FEVER IN CALCUTTA

At a meeting of the Calcutta Branch, held on March 11th, Dr. U. P. BASU read a paper on the above subject.

He said that during 1932 thirty-three cases of cerebro-spinal meningitis were admitted to the Calcutta Medical College Hospitals. As the disease was not common in that part of the world it had been thought worth while to collect and analyse these cases, an examination of the records of which revealed the following features.

Epidemiology

Five cases were admitted in February, twelve in March, two in May, one in June, two in July, seven in October, one in November, and three in December. Although the word "epidemic," used in the title of the paper, was not a happy expression, he was convinced that the cases recorded constituted two definite outbreaks of a small epidemic of cerebro-spinal meningitis in Calcutta. An epidemiological graph showed two peaks, the larger in March and the smaller in October. There was a period of complete lull during the months of August and September. Seeing that cerebro-spinal meningitis was a disease of winter and spring, the fresh outbreak in October was a novel feature of the epidemic. Further evidence in support of the epidemic nature of last year's cases could be obtained from a comparative study of the records of the Calcutta Medical College Hospitals for the three previous years. Thirty-one out of thirty-three cases in the present epidemic occurred within the jurisdiction of the district of Calcutta, and twelve of these were of the fulminating type. There was no occasion in which more than one case occurred in the same family, and in one instance only two cases occurred in the same street, but in different houses. As cerebro-spinal meningitis was a disease with a low degree of infectivity, and as the actual manner of spread was by droplet infection from carrier to carrier, and finally to susceptible individuals, one could easily understand why the infection appeared to be distributed in a scattered way throughout the city, and why there was no spread of infection among the remaining patients of the wards of the hospital. Instead of the disease being limited to infants, young children, and young adults—as in the sporadic cases—nearly one-third of the victims of this epidemic were of 30 years of age and upwards. Of the affected individuals twenty-seven were males and six females. Out of these, twenty-two were Hindus, seven Mahomedans, two Jews, one Anglo-Indian, and one "unknown."

Pathology and Bacteriology

In one case where blood culture was done there was no growth. Within a few hours of the onset of the disease, in many of the fulminating cases of the series, the cerebro-spinal fluid was turbid, pus cells were present, and necropsy showed evidences of meningeal involvement. Blood examination showed polymorphonuclear leucocytosis, varying from 11,000 to 23,000 per c.mm., except in eleven cases where the leucocyte count was below 10,100 per c.mm. In two cases the count went up to 32,000 per c.mm. and 55,000 per c.mm. Cerebro-spinal fluid was under pressure in all cases but one, clear in one case, opalescent in four, turbid in twenty-five, haemorrhagic in two, and in one case it was sometimes clear, sometimes turbid, and sometimes tinged with blood. In two cases with recovery, cerebro-spinal fluid was turbid at first and clear later. Smear examinations of the cerebro-spinal fluid showed Gram-negative diplococci in seven cases, extracellular diplococci in one case, intracellular diplococci in three cases, and both in one case.

Anaesthesia in Labour

SIR,—I have read with great interest Mr. Arthur Rees's paper on the use of chloroform capsules in labour in the *Journal* of August 5th (p. 241). It is a paper of great importance, as the time has now come when women have as much right to expect relief from the pains of labour as from the pains of dental extractions. I feel, however, that there is a greater future for gas and oxygen anaesthesia in labour than for chloroform. Mr. Rees says, for example, "I am convinced that these capsules [of chloroform] can be a very real danger." In the administration of gas and oxygen there is no danger at all, so far as I know. With proper technique, too, there is absolute relief from pain in all cases.

The objections raised against gas and oxygen are: (1) the expense, (2) the heavy apparatus required, and (3) the absence of skilled administrators. A practical portable apparatus was made for me for £10, including accessories. The British Oxygen Co. have an excellent hire service for cylinders. Each confinement costs about 5s. in gas and oxygen. There is still room for improved apparatus, but the first two objections do not hold. The method of administration is easy to learn, and with a little practice success is assured.

I have used gas and oxygen in my own practice for some little time, but, having only done some 100 cases, am not in a position to say whether this method is suitable for use by midwives. In any case an assistant would be required. Here is a fruitful field for investigators, and as this subject is of so great an importance to women some of our women practitioners might well carry out and publish a series of investigations. The use of gas and oxygen in labour has been neglected in this country. In how many maternity hospitals, for example, is it used at all? Perhaps our Ministry of Health could lead the way.—I am, etc.,

New Barnet, August 6th.

JOHN ELAM.

Psychology and the Curriculum

SIR,—Dr. H. Godwin Baynes's letter in the *Journal* of August 5th (p. 267) is a timely reminder on the subject of how and when psychology shall be taught to the medical student. Nearly everyone, I think, agrees that the right sort of psychology can be, and is, most helpful in general practice, the first difficulty being *when* it shall be inculcated, and the second, *what kind*. That the curriculum is already overburdened I also think all will agree, and therefore it is practically impossible to squeeze in another subject.

My belief is that the wisest course would be to reduce the student's curriculum, but to insist on a six months' post-graduate course before the technically qualified man is allowed to practise. In this course the incubus of prospective examinations will have been lifted, and among other practical demonstrations given there should be lectures on psychology and also on general practice. No further examinations would be required, but the qualified man would have to produce evidence of having attended the prescribed number of lectures and demonstrations before he could be registered as one who had the legal right to practise in the national interest.

There is no doubt that psychology, if viewed through Freudian spectacles, is a complicated and, to my mind, risky subject to introduce; but in the understanding of the simple, common-sense, individual psychology of Adler and his followers there appears to me to be a brighter prospect for the human race and enormous help to the medical man who wishes to understand his patients.—I am, etc.,

Folkestone, Aug. 6th.

G. FRANCIS SMITH.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

Applications for the Gwyneth Pretty Studentship, the holder of which shall devote himself to original research in the aetiology, pathology, and treatment of disease, with particular but not exclusive reference to those diseases which cripple or disable in childhood or early life, are invited, and should be sent, accompanied by copies of papers containing published work, and by testimonials and references, before November 1st, 1933, to Professor H. R. Dean, Department of Pathology, to whom also applications for further information may be addressed. The studentship is of the annual value of £200, and is tenable for three years. The place and nature of the studies of the student are subject to the approval of the professor of pathology, provided that the student shall be bound to pursue his studies within the University unless the managers dispense with this requirement for special reasons.

Applications for the Nita King Scholarship, the holder of which shall devote himself to original research in the aetiology, pathology, and prevention of fevers, are invited, and should be sent, accompanied by copies of papers containing published work, and by testimonials and references, before October 1st, 1933, to Professor H. R. Dean, Department of Pathology, to whom also applications for further information may be addressed. The scholarship is of the annual value of £50.

The Senate has appointed Dr. A. E. Barclay to represent the University at the fourth International Congress of Radiology, to be held in Zürich from July 24th to 31st, 1934.

UNIVERSITY OF LONDON

The following degrees were awarded by the Senate on July 19th:

PH.D. (BACTERIOLOGY).—M. A. H. Gohar (Lister Institute of Preventive Medicine).

PH.D. (PATHOLOGY).—P. R. Rao (St. Bartholomew's Hospital Medical College).

UNIVERSITY OF SHEFFIELD

Lewis B. Winter, M.A., M.D. Cantab., has been appointed lecturer in physiology.

QUEEN'S UNIVERSITY, BELFAST

The Senate has appointed C. J. A. Woodside, M.B., F.R.C.S.I., part-time lecturer in anatomy, and N. B. Graham, M.B., part-time lecturer in psychological medicine.

ROYAL COLLEGE OF PHYSICIANS OF LONDON

At the quarterly comitia of the Royal College of Physicians of London, held on July 27th, the President, Lord Dawson of Penn, in the chair, the following were elected officers for the ensuing collegiate year: *Censors*, Sir Charlton Briscoe, Bt., Arthur J. Hall, Lord Horder of Ashford, Charles Bolton; *Treasurer*, Sidney P. Phillips; *Registrar*, Sir Raymond Crawford; *Harveian Librarian*, Arnold Chaplin; *Assistant Registrar*, C. E. Newman.

Awards

The Baly Medal, awarded every alternate year to the person who shall be deemed to have most distinguished himself in the science of physiology during the two years immediately preceding the award, was awarded to Dr. Robert Robison of the Lister Institute for his distinguished work on the esters of phosphoric acid and the enzyme phosphatase, and the part they play in bone metabolism.

The Moxon Gold Medal, awarded every third year to the person who should be deemed to have most distinguished himself by observation and research in clinical medicine, was awarded to Professor G. R. Minot of Boston, Massachusetts, for his valuable work on diseases of the blood.

The Weber-Parkes Prize and Medal for the best work already done in connexion with the aetiology, prevention, pathology, or treatment of tuberculosis in this country or abroad was awarded to Sir John McFadyean.

Appointments

The following appointments were announced: Dr. James Collier as Harveian Orator, 1934 (the forthcoming Harveian Oration in October next will be delivered by Sir Thomas Lewis); Dr. J. H. Sheldon as Bradshaw Lecturer, 1934; Dr. H. L. Tidy as Lumleian Lecturer, 1934; Dr. E. C. Dodds as Goulstonian Lecturer, 1934; Dr. C. H. Andrewes as

Oliver-Sharpey Lecturer, 1934; Sir Humphry Rolleston, Bt., as FitzPatrick Lecturer, 1934; and Dr. E. I. Spriggs as Croonian Lecturer, 1935.

Sir George Newman and Dr. J. W. McNee were re-elected representatives of the College on the executive committee of the Imperial Cancer Research Fund.

The Leverhulme Scholarships held by Dr. J. F. Brock and Dr. S. J. Hartfall were continued for another year, and the Murchison Scholarship was awarded (this year by the University of Edinburgh) to D. F. M. Batty and Alexander Brown.

Sir William Willcox was elected representative of the College on the Advisory Committee to be termed "The Poisons Board" under the Pharmacy and Poisons Act, 1933.

Dr. R. D. Gillespie was appointed to represent the College at the third biennial conference on mental health at the National Council of Mental Hygiene in November.

Membership

The following candidates, having satisfied the Censors' Board, were admitted members of the College:

Patrick Clarence Anderson, M.B. New Zealand, Baij Nath Bhandari, M.D. Durh., L.R.C.P., Anthony Curtis Byles, M.B. Lond., L.R.C.P., Alan Barham Carter, M.B. Camb., L.R.C.P., Bankat Chandra, M.B. Bombay, L.R.C.P., Idris Davies, M.D. Lond., L.R.C.P., Pierre Marcel Deville, L.R.C.P., John Harold Follows, M.D. Liverp., George Giglioli, M.D. Pisa, Richard Withers Gilmour, M.B. Durh., L.R.C.P., Myer Jacob Gordon, M.D. Belfast, Edward Emile Delisle Gray, M.D. Lond., L.R.C.P., William Pickup Greenwood, M.D. Lond., L.R.C.P., Eric Hamilton Hudson, M.B. Camb., L.R.C.P., Alexander Henderson Imrie, M.B. Glas., Beatrice Mary Joly, M.B. Lond., Emyr Wyn Jones, M.D. Liverp., Ronald Arthur Jones, M.B. Camb., L.R.C.P., Charles Herbert King, M.B. New Zealand, William Lennon, M.D. Belfast, John Charles Joseph McEntee, M.D. Dublin, John Angus McLean, M.D. Melb., Sher Mohomed Mallick, M.B. Punjab, L.R.C.P., Achanvittil Krishna Menon, M.B. Madras, Arthur William Morrow, M.B. Sydney, Robert Pierret, M.D. Lyons, Russell John Reynolds, C.B.E., M.B. Lond., L.R.C.P., Hyman Solomon Roseman, M.D. Dublin, Norman Lloyd Rusby, M.B. Oxf., L.R.C.P., William Walters Sargent, M.B. Camb., L.R.C.P., Ramchandra Vishwanath Sathé, M.D. Bombay, James Tate, M.B. Belfast, John Wakefield de Witt Gray Thornton, M.B. Oxf., L.R.C.P., Ronald Ernest Tunbridge, M.B. Leeds, Kailash Nath Waghay, M.B. Lucknow, Leigh Thornton Wedlick, M.B. Melb., Paul Hamilton Wood, M.B. Melb.

Licences and Diplomas

Licences to practise were conferred upon the following 143 candidates (including twenty women) who have passed the final examination of the Conjoint Board and have complied with the by-laws of the College:

R. M. H. Anning, Mary C. S. Aquino, T. P. Ayre, F. H. Barber, G. A. Barker, J. Bayley, R. B. Bell, L. J. Beynon, R. W. Billington, M. J. Boering, Beryl Bolton, A. R. Boney, F. M. Braithwaite, P. S. Buckley, E. G. L. Bywaters, W. R. Cambridge, J. P. Child, G. R. Clarke, R. D. Clay, L. Z. Cosin, S. W. Croome, P. N. Cutner, Hilda M. S. Davidson, J. H. Dixon, H. E. Dunstan, O. G. Edholm, E. P. Edmonds, L. R. L. Edwards, P. R. Evans, S. M. Evans, E. C. Fernandes, T. Fichardt, C. Fletcher, J. M. Flower, T. Foulds, N. W. Gardener, R. G. B. Gilbert, H. Goldfarb, M. S. Good, W. E. F. Gough, J. Grocott, S. J. Hadfield, J. G. Hailwood, R. V. Harris, V. E. L. Hart, K. J. Harvey, J. D. Hay, Dorothy J. Healey, A. A. Heathcote, A. Hemming, S. Henderson, C. V. A. Henriques, E. C. Herten-Greaven, F. G. Hinks, R. H. K. Hope, Doris I. Howell, E. T. Hudson, J. Hughes, W. R. Hunter, D. A. J. Hunwick, H. G. Hutton, H. V. D'A. Iles, Margaret H. James, H. G. John, Elsie E. Johnson, W. A. Johnson, G. F. Jones, O. G. Jones, V. D. Jones, C. W. C. Karran, F. W. H. Kent, E. W. Kinsey, Madeline E. E. Knowlson, C. E. Langley, A. G. Leigh, F.-X. Letellier, R. I. Lewis, Louisa A. Loder, M. J. McCormack, D. B. McGavin, L. G. Mackenzie, J. D. P. Macpherson, J. N. Majumdar, T. O. Mason, W. H. Mason, G. J. H. Maud, J. T. Mendoza, K. S. Menon, F. C. Moll, Mildred A. Morgan, G. T. L. F. Morris, G. K. Mulki, C. R. Naidu, Saraswati D. J. Nand, Eileen A. Neilson, W. F. Nicholson, F. A. Nicolai, F. B. J. O'Dowd, W. M. Oxley, Emma D. N. Part, H. S. Pasmore, E. Pereira, R. C. Percival, R. R. Prytherch, G. Qvist, A. M. Rackow, C. Raman, Winfred H. Redmond, R. S. Richmond, G. C. D. Roberts, I. G. Robin, Marjorie C. A. Robson, Christine M. Rooke, J. A. Ross, Margaret H. Scott, T. Seager, S. K. Sen, A. L. Secchi, A. Shatz, Freni M. Shaw, T. W. Smailes, J. A. Squire, W. G. Stanford, W. P. Stevens, L. J. Stoll, J. N. Strauss, V. A. J. Swain, Mary G. Tate, D. M. E. Thomas, H. B. Thomas, R. W. H. Thomas, J. R. Vaid, J. A. Vermeylen, E. O. Walker, M. L. Walt, R. A. L. Wenger, C. J. G. White, J. L. Wightman, M. R. P. Williams, V. H. Wilson, J. C. Winteler, Elma Wolmarans, R. M. Yeo.

The following diplomas were also conferred jointly with the Royal College of Surgeons of England: Public Health (15); Tropical Medicine and Hygiene (14); Ophthalmic Medicine and Surgery (15); Psychological Medicine (12); Laryngology and Otology (11); and Medical Radiology (3). To the list of successful candidates, published in the report of the meeting of the Royal College of Surgeons in our issue of July 22nd, should be added the name of Adelaide G. Gault as a recipient of the Diploma in Ophthalmic Medicine

and Surgery; and the name of H. E. P. Yorks in the list of recipients of the Diploma in Medical Radiology should have been H. E. P. Yorke.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

An ordinary meeting of the Council was held on August 3rd, when the President, Sir Holburt Waring, was in the chair.

The fourth Macloghlin Scholarship of £120 per annum for medical students was awarded to Frank Philip Powell of Monmouth School.

Mr. E. B. Dowsett, D.S.O., and Mr. A. T. Pitts, D.S.O., were re-elected members of the Board of Examiners in Dental Surgery. Mr. R. Davies-Colley, C.M.G., was elected an examiner in pathology.

Diplomas of Membership were granted to 167 candidates who had passed the examinations in medicine, surgery, and midwifery of the Examining Board in England, as follows:

G. E. M. Benson, C. G. Brée, N. Chakravarty, J. J. Chatterton, A. Das, Helen E. Dimsdale, R. G. Fear, E. C. Fountaine, D. L. Fromow, Pearl M. Heirshberg, C. E. W. Hoar, J. R. Hughes, B. F. Jackson, W. W. Jolly, S. H. Kessler, G. D. Lehmann, R. M. Littledale, J. A. S. Marr, T. Miles, R. Ram, M. Richmond, M. A. Rugg-Gunn, P. Simon, P. G. Stainton, C. H. Yeoh.

(The names of 143 of the successful candidates are published in the report of the meeting of the Royal College of Physicians of London in this issue.)

Obituary

SIR JOSEPH COOKE VERCO, M.D., F.R.C.S.

Honorary Consulting Physician, Adelaide Hospital

The death, at the age of 82, of Sir Joseph Verco, which was announced in our columns last week, removes one of the outstanding figures in the medical profession in Australia. Sir Joseph, who had retired from practice, was honorary lecturer in medicine at Adelaide University, and honorary consulting physician at Adelaide Hospital. Born in South Australia in 1851, he received his early education in Adelaide. Coming to London in 1870 he studied medicine at St. Bartholomew's Hospital, where he held the posts of house-physician and midwifery assistant. In 1873 he won the Wicks essay prize. Qualifying M.R.C.S. in 1874, he became F.R.C.S. Eng. in 1877; he graduated M.D. Lond. in 1876. In 1919 he was knighted for his services to medicine.

To the surprise of those in charge at St. Bartholomew's, Verco, in 1878, when he was 27 years old, decided to return to Australia, travelling out as surgeon-superintendent of an emigrant ship—the *Clyde*. For close on fifty years a leading figure in the medical profession in South Australia, his services were handsomely recognized on the occasion of the jubilee of the South Australian Branch of the British Medical Association by the President, Dr. John Corbin, who said in his address that it would be impossible to detail all Sir Joseph's varied activities in the affairs of the Branch. He was president from 1886 to 1887, and again from 1915 to 1919; he was representative for South Australia at the Portsmouth Meeting in 1923. Dean of the medical faculty, he was one of the earliest and greatest of teachers in the Adelaide Medical School, both as lecturer and honorary physician. A constant contributor to the scientific meetings and exhibitor at clinical demonstrations, the method and thoroughness of his teaching and the way in which his papers and exhibits were prepared and presented was an ideal to be aimed at by everyone. Largely responsible for the carrying out and completion of the dental school and hospital, he was the first dean of the dental faculty. President of the Royal Society of South Australia for nineteen years, his contributions to scientific knowledge and research outside medical matters were many and excellent. A leading conchologist, his collection in the National Museum is probably the best in the southern hemisphere. His own contributions to medicine are numerous and scattered throughout the medical journals of Australia. With Dr. E. C. Stirling he wrote the excellent article on hydatid

publications were on pharmacology, metabolism, and allergic diseases—especially the latter. He also wrote on physiology, diabetes, diuretics, narcotics, local anaesthesia, and the treatment of bronchial asthma.

Professor R. J. S. McDOWALL writes:

It must have come as a great shock to many to have learnt of the death of Storm van Leeuwen, but to those of us who knew him as a friend his death is indeed a loss. He was known to the world for his demonstration that, in Holland at least, asthma may be the result of the inhalation of moulds, which could be removed from the air by suitable purification. No one could have come into intimate contact with him without realizing that he was a man of very wide knowledge and affairs. He was as much at home in the laboratory as by the bedside, and showed an amount of appreciation and detailed power of criticism of experimental technique which was as unexpected as it is rare in one who is famed in the realm of practical therapeutics. But it was his wonderfully attractive personality which gave him so many friends. Even if he criticized—and he was fond of doing so—he did so with a sincerity which made it impossible for one to take offence; with sound advice and encouragement he was equally warm. He combined in a remarkable degree a great sense of the fitness of things with a geniality and light-heartedness which made him the joy of any party, and many will ever remember the intensely interesting and never dull evenings spent in his company and that of his ever-charming, helpful wife. He leaves to the world the memory of a great Dutchman and a great scholar; but to those whose privilege it was to know him as a friend he leaves that wonderful intangible, unforgettable “something” which tells us how fortunate we were that he passed our way.

THE LATE MR. E. COLLIER GREEN

“C. H. H.” of Ambleside writes:

Collier Green was never a man to pick up friends indiscriminately, but having made his choice he was loyalty itself; perhaps it was on this account that those of us who knew him best valued his friendship and recognized his merits the more. It was my privilege to know him intimately, at work as well as at play, for over half a century. However, those who have been associated with him at the Derbyshire Royal Infirmary since I left in 1903 must bear their testimony to his work—not a difficult task, for Collier Green and the Derbyshire Royal Infirmary were one and indissoluble. It was when he got into his holiday clothes, the knickerbocker suit and that Inverness cape we all remember so well, that I got to know him best. I think his chief recreations and amusements were walking the Lake Country hills, photography, and planning hospital extensions, and he combined all three with great success. How he loved the Lakes and how well he knew the country! He seldom missed a year without a visit, and sometimes more than one: a stout stick and a camera the only visible part of his equipment—the stick sometimes left behind, the camera never. But then we all knew that as an amateur photographer he was supreme. I know that in his early days he was, with his brother, a keen Alpine man, and I have frequently seen on the screen the pictures he brought back, all his own production, from the viewfinder to the finished lantern slide, and always the joy and admiration of the local photographic society. He was such a delightful companion. I remember so well the afternoon we passed together on his last visit to us, less than a year ago. He was showing for the first time some loss of vigour and slight lameness—“Shanks’s pony,” that had carried him so well for many years, was beginning to strike work. However, a two-seater car served our purpose, and I had the satisfaction on our return from a drive of hearing him say to his wife, “My dear, he has shown me a bit of Westmorland I have never seen before, and I am not sure that it’s not the most beautiful bit.” The next day he returned home and I never saw him again.

He was a man whose deep religious conviction was a great influence on his life, of superlative honesty of purpose, wise in counsel, which he seldom volunteered unasked, ready with

a definite opinion on any subject that he had studied, and prepared to back it against all opposition. Perhaps to some he might, at times, have appeared a little domineering, but this was more a mannerism than a reality, due, I used to think, to a determination to reach the high ideal at which he aimed, and his advice was seldom found to be anything but sound. Of Collier Green it may be truly said that in filling a difficult post he leaves behind many friends and not a single enemy.

Medical News

The University of London now grants a diploma in nursing. The examination for this diploma, which is open to men as well as to women, consists of two parts. Candidates may enter for each part separately or for both parts at the same time. A copy of the regulations may be obtained from Mr. John Lea, M.A., University Extension Registrar, University of London, South Kensington, S.W.7.

The Midwives’ Institute hopes to be in its new house, 57, Lower Belgrave Street, at the end of September. As previously announced, it is to share with the Queen’s Institute for District Nursing the magnificent premises provided by the National Birthday Trust Fund as headquarters for midwifery in London.

The Members’ Congress of the Chartered Society of Massage and Medical Gymnastics will be held from September 18th to 23rd, and all lectures and demonstrations will be given at University College, Gower Street, W.C. Registered medical practitioners will be admitted free of charge to the lectures and demonstrations, for which a card of admission may be obtained from the offices of the Society, Tavistock House (North), Tavistock Square, W.C. Medical practitioners requiring vouchers for reduced railway fares should make application to the above address.

A tour limited to medical practitioners, their families, and medical students will start from Paris on September 3rd, and return thither after visiting Spa, the Ardennes, Brussels, Louvain, and Ostend. During its course there will be medical, scientific, and historical lectures and demonstrations at the various therapeutic centres; places to be visited include the Brussels Faculty of Medicine, the cancer institute at Louvain, the Borgoumont Sanatorium, and the new thermal treatment centre at Ostend. The charge is 1,100 francs. Further information may be obtained from the secretary of the Medical Belgian Tour, 38, Avenue Auber, Nice.

The German Society for the History of Medicine, Natural Science, and Technique will hold its annual meeting at Erfurt on September 9th and 10th, when a special tribute will be paid to the founder of the society, Geheimrat Sudoff, on the occasion of his eightieth birthday.

The English section of the *National Medical Journal of China* has been merged with the *China Medical Journal* since January, 1932. The Chinese section, now in its nineteenth year, is published separately every two months, with summaries in English of the original articles. From January, 1934, it will be published as a monthly journal to mark the twentieth anniversary of its foundation as the leading medical journal printed in Chinese.

The King has confirmed the appointment of Dr. Alexander H. B. Pearce, Chief Medical Officer, to be a nominated member of the Legislative Council of the Colony of Fiji. Dr. Charles Norman Griffin (Chief Medical Officer) has been appointed an official member of the Legislative Council of the Presidency of Dominica.

The following are included in the bequests under the will of Sir George Beatson, who died on February 16th: £500 to King William’s College, Castletown, Isle of Man, for an annual “Beatson Prize” on any science subject; £500 to Clare College, Cambridge, for a “Beatson Prize” on any subject in medicine or surgery; and £500 to the Research Fund of the Glasgow Royal Cancer Hospital.