

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

SANOCRYSTIN IN TUBERCULOUS MENINGITIS

The reason for publishing this case is the treatment adopted. On May 16th I was asked to make up medicine for a boy aged 14, suffering from vomiting and headache. On the 17th I was called to see him as he had had a very restless night, and his temperature was over 102° F. When I saw him he was lying on his back complaining of intense headache, photophobia, and sickness. His temperature was 100.2° F.; his pulse 90; his respirations 18 per minute; and his chest and abdomen showed no signs of disease, except some tenderness over the epigastric region. On the 18th he was seen by my son (H. T. L. B.), who found him lying on his side in the cramped position taken up by those suffering from meningitis. I saw him a few hours later and confirmed diagnosis of meningitis, probably tuberculous. On the next day we did lumbar puncture and drew off fluid at high pressure. This we sent to Dr. R. V. Facey, pathologist to Royal Victoria Hospital, Boscombe, and he reported on it as follows: "Fluid showed the faintest turbidity only. Albumin, a light cloud. Globulin, an increase (Pandy); total protein 0.18 per cent. Sugar present (reduced in amount). Cell count: leucocytes, 80 per c.mm.; red cells, 240 per c.mm. Centrifuged deposit: cells, 90 per cent. lymphocytes; a few polymorphs. Gram stain: no organism seen. N. Z. stain: no T.B. found. Cultures: negative."

As according to Osler, Still, Thrusfield, Price, and Taylor the prognosis is hopeless, though Batty Shaw gives two cases of recovery with tuberculin and Thrusfield one or two with intrathecal injections of iodine ē pot. iodide, we decided to try sanocrysin as I know of two or three cases of recovery of pulmonary tuberculosis with it, also on account of an article in the *British Medical Journal* of June 5th, 1926, by M. F. Nannetti, who states that the salt penetrates the lipoid substance of the bacillus and carries the gold into its body, killing and destroying it with immunizing effect; we, however, feared its action on the kidneys.

On the following day, having got consent of the parents, we injected 0.01 c.cm. solution intrathecally and 0.025 c.cm. intravenously after drawing off one ounce of cerebro-spinal fluid; on the next day the boy told us he felt better; his sickness had gone, his headache was practically gone, he did not mind the light, his temperature had fallen to 99.2° F. and his pulse to 78, and his respirations were 14 per minute. We gave him injections every other day, both intrathecal and intravenous, gradually increasing the dose till we gave eventually 0.025 c.cm. intrathecally and 0.05 c.cm. intravenously. His vomiting never returned, his head ceased to ache, the retraction of his neck became less marked, and both Kernig's and Brudzinski's signs practically disappeared; his urine remained free of albumin, though there was slight reduction of Fehling's. His temperature after the second injection fell to 98.6° F., and the cerebro-spinal fluid escaped under much less pressure—that is, drop by drop. Things seemed to be going well when, on the morning of June 1st, he suddenly collapsed. His temperature went up to 100° F., his pulse 140 per minute, and his respirations 60 per minute. Till then he had taken an interest in his surroundings and had talked rationally, and his parents said he had slept and behaved rationally. He now sank rapidly, and died by 6 o'clock that evening.

The question arises, Did sanocrysin have any therapeutic effect? We maintain that it helped to keep his condition near normal till his death. He did not lose consciousness till the last six or seven hours; he took

food, talked rationally, was free of headaches; both his sickness, temperature, and pulse came down almost to normal limits, and his head retraction ceased. With the experience gained I would not hesitate to treat another case on similar lines.

But there is so little known of sanocrysin therapy that, should it have been tried before, it would be worth having the views of those who have done so. Time in this disease is limited, and the spacing of the doses may have been too frequent. There is no history of tubercle in the family; the boy, however, was thrown from his bicycle a fortnight before and hit his head—but not severely.

Dorchester.

T. B. BROADWAY, M.B., B.Ch.

ACUTE PSOAS ABSCESS ASSOCIATED WITH DOUBLE KIDNEYS

Attention has recently been drawn by Sworn (*British Medical Journal*, July 1st, 1933, p. 6) to the rather uncommon acute type of psoas abscess. The following case, which may be classified under that heading, seems worth recording.

A married woman, aged 22, was admitted to hospital on October 1st, 1931. For the previous two months there had been indefinite pain in the right groin, and this was followed by the appearance of a swelling one month before admission. In 1927 "a large tumour" had been removed from the left ovary at another hospital; accurate details were not obtainable. The temperature on admission was 99° F., and pulse 88.

On examination a large firm mass could be felt in the right flank extending from the level of the umbilicus, beneath Poupart's ligament, and on to the thigh below. There was swelling and oedema of the right leg, with dilatation of the superficial veins. Extension at the hip-joint was limited, but nothing abnormal was found on examining the spine. On vaginal examination the mass could be felt extending into the right iliac fossa. There were no urinary symptoms, the urine being normal and cultures negative. X rays of the spine, pelvis, and hip showed no bony abnormality.

A cystoscopic examination was made on October 3rd, which showed two ureteric orifices on the right side with a normal left orifice. After injection of indigo-carmine intravenously there was good excretion from all orifices in eight minutes. Both orifices on the right side were catheterized, and pyelography showed a double right kidney displaced upwards by a large mass, which had also displaced the ureters towards the mid-line. On October 5th definite fluctuation was present, and the mass on the thigh was aspirated below Poupart's ligament with a medium-sized trocar and cannula connected to a suction apparatus. As this was emptied the mass in the loin was gradually milked into the lower one till both had subsided. Examination of the thick, odourless pus showed neither tubercle bacilli nor other micro-organisms, and cultures were sterile.

A fortnight later the temperature had settled and the small wound was healed, although the thigh was still slightly swollen. On October 27th 50 c.cm. of abrodil were injected intravenously, and x rays showed bilateral double kidneys with complete double ureter on the right side, and reduplication of the left ureter for about four inches. All the kidneys were functioning normally. Seen in April, 1932, the patient was very well and had put on weight. A cystoscopic examination showed good dye excretion from all orifices in five minutes. The patient was last seen in the out-patient department in February, 1933, when she was well and there was no sign of recurrence.

COMMENTARY

This case falls between the two usual groups of psoas abscess, because, though not vertebral in origin, it can hardly be classified as acute in view of the comparatively long history and the negative culture. As so often happens, there was no definite evidence to decide the true origin of the abscess, but as there was no antecedent illness and no other abscesses it seems probable that it

was perinephric in origin. Colour is lent to this theory by the well-known liability of abnormal organs to disease.

I am indebted to Mr. W. F. Neil, honorary surgeon to the Nottingham General Hospital, for permission to publish this case.

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House-Surgeon, General Hospital, Nottingham.

Reports of Societies

EMPYEMA IN CHILDREN

At a meeting of the Manchester Medical Society held on November 1st, with the president, Dr. C. PAGET LAPAGE, in the chair, Dr. H. T. ASHBY read a paper on the treatment of empyema in children from a physician's point of view.

He said that empyema in children must always be considered with pneumonia, and it was rare for empyema to follow any other disease. It might follow both alveolar pneumonia and bronchopneumonia. It was difficult to say what percentage of pneumonias were followed by empyema, but roughly 10 to 12 per cent. was the usual number. The diagnosis of empyema in childhood was often difficult and the physical signs most misleading; but if there was any chance of pus being present in the chest exploration should be done. X rays were often a help, especially in localized or interlobar cases. From the point of view of treatment it was important to distinguish between the two types of empyema—(1) the synpneumonic, and (2) the metapneumonic. The synpneumonic empyema was a complication of the pneumonia, and arose while the pneumonia was still active. This type commonly followed bronchopneumonia, especially during an influenza epidemic. Pus formed with great rapidity. These cases should always be aspirated only, and no open operation done until the pneumonia had settled. The metapneumonic empyema was best dealt with as soon as possible. Rib resection was the best operation, and a good-sized tube should be inserted. Any subsequent rise of temperature after operation generally meant insufficient drainage. The continuous suction drainage method was difficult to keep up efficiently. Empyema in infancy was always most serious, but lately better results had been obtained by injecting otochon into the pleural cavity after the pus had been aspirated.

Gallop Rhythm

Dr. CRIGHTON BRAMWELL read a paper on gallop rhythm, considering the clinical features of this condition in a consecutive series of fifty patients who exhibited it. Of these, thirty-five had died, thirteen were still alive, and two had been lost sight of. All except three were over 40 years of age; and males preponderated over females in the proportion of four to one. Sixty per cent. had a systolic blood pressure of over 160 mm.; and of twelve patients whose systolic pressure was below 135 mm. nine were suffering from myocardial infarction following coronary occlusion. Half the patients in this group were suffering from essential hypertension or chronic Bright's disease. Signs of congestive heart failure were present in twenty-three cases, and ten of the patients had complained of cardiac asthma. None had auricular fibrillation. Dr. Bramwell then described some experimental observations which he had made on this subject; he pointed out that the accessory sound and impulse in true gallop rhythm were always associated with auricular systole. He then discussed the part normally played by the auricle in filling the ventricle, and illustrated his remarks by graphic records. He pointed out that when the heart was beating slowly ventricular filling took place chiefly during the first and last phases of diastole; but, when the heart rate was more rapid, auricular systole occurred early in diastole. This gave rise to an unusually rapid rate of ventricular filling; and, in patients whose ventricular muscle was lacking in tone, produced a sudden distension of the ventricle and set the ventricular walls into vibration. These two phenomena were, in his opinion, responsible for producing the impulse and additional sound characteristic of gallop rhythm.

Reviews

ABSCESS OF THE LUNG

Abscess of the lung has for many years been regarded as a condition not amenable to surgical intervention, and it is only recently that the collaboration of chest physician and chest surgeon has shown the various factors which have led to such unsatisfactory results in the past. A recent French work¹ is the outcome of such combined experience, and it is interesting to review the conclusions at which the authors have arrived. They state that numbers of doctors throughout France have recoiled before the gravity of surgical interventions on the lung without putting into the balance the greater gravity of the condition indicated. Their views accord with those widely held that, apart from the very superficial type threatening pleural leakage or the more massive gangrene of the lung, acute abscesses in their early stages should be treated by general medical measures, including postural drainage. When the symptoms do not definitely improve clinically and radiologically, bronchoscopic treatment is advised. In the abscess of several months' standing spontaneous cure is out of the question, bronchoscopic treatment is only palliative, and the less radical surgical measures are rarely curative. Such secondary effects as widespread fibrosis and bronchiectasis account for the unsatisfactory results of pneumotomy, and no absolute cure can be expected except through removal of the entire area involved. Where on account of the general condition this procedure cannot be recommended, palliative operations, such as partial upper thoracoplasty or phrenicectomy, may be advisable, or repeated bronchoscopies may delay the inevitable end.

About the period of the eighth week is the critical time in which the decision for or against surgical intervention other than bronchoscopy has to be taken. In those cases which have reacted poorly or not at all to medical treatment and subsequent bronchoscopy it is essential to resort to surgery. The most difficult group is that in which a certain degree of amelioration, local and general, has resulted from previous treatment. The decision in each of these cases has to be determined on individual merits, bearing in mind an unnecessary early operation on the one hand and the less satisfactory results from delayed operation on the other. The reasons for many of the earlier failures of surgical treatment, such as the secondary changes consequent upon prolonged pulmonary suppuration, are satisfactorily emphasized in this volume, and, if more widely recognized, they would result in considerable improvement in the future.

Any question of bias between medical and surgical treatment is largely eliminated, this book being the conjoint opinion of physician and surgeon. It can be warmly recommended as an excellent and modern account of the diagnosis, prognosis, and treatment of pulmonary abscess.

DIABETES

Dr. RABINOWITCH's book on *Diabetes Mellitus*² covers, at least briefly, every aspect of the subject from historical to therapeutic. It is particularly valuable because it describes in full the author's high-carbohydrate low-calorie treatment which he has applied and observed in hundreds of cases with such care. Indeed, his diabetic clinic at the Montreal General Hospital is one of the largest and most important in the world.

¹ *Les Abcès du Poumon.* Par M. Leon-Kindberg et Robert Monod, avec la collaboration de A. Soulard. Paris: Masson et Cie. (Pp. 322; 119 figures. 55 fr.)

² *Diabetes Mellitus.* By I. M. Rabinowitch, D.Sc., M.D. London: Macmillan and Co., Ltd. 1933. (Pp. xv + 246. 16s. net.)

Medico-Legal

ALLEGED PERFORMANCE OF ILLEGAL OPERATION: DOCTOR ACQUITTED

After a four days' trial in the Jersey Assize Court, Dr. Claude Hamilton Avarne of St. Helier, surgeon to the General Hospital and Poor Law Infirmary, Jersey, was found "Not guilty" on November 9th of performing an illegal operation on Miss Elsie May de la Mare, a wardmaid at a nursing home. The verdict, which was unanimous by a jury of twenty-four, proved to be a very popular one, and led to enthusiastic demonstrations within and without the court.

It appeared from the evidence that the woman, together with the reputed father of her child, consulted Dr. Avarne in May last as to her condition, and the doctor, not being sure, told her she must return for further examination. She did so, and Dr. Avarne, according to his own account, then formed the opinion that the foetus was non-viable, and he had her removed in August to a nursing home, where he conducted the operation for the removal of the dead foetus. The charge arose out of a statement made by the woman to another doctor, who then called in the police. The sister at the nursing home testified that she had been told by Dr. Avarne that the woman was coming for examination, and, if necessary, operation. The idea of anything illegal in connexion with it had never entered her mind; she trusted Dr. Avarne as a surgeon, and whatever he was doing was to her the right and proper thing.

The trial was remarkable for a conflict of medical evidence, Sir Bernard Spilsbury giving evidence in support of the prosecution, and Professor Sydney Smith of Edinburgh and Mr. Aleck W. Bourne, senior obstetrical surgeon, Queen Charlotte's, for the defence. Professor Smith, after examination of the contents of a sealed jar, expressed the view that the foetus was dead at the time of the operation, though it was impossible to fix the date of death, and Mr. Bourne considered that if Dr. Avarne had been contemplating a criminal abortion he would hardly have taken the patient to a nursing home to perform it when he could have gone to the home of the reputed father of the child. He said that he distrusted Sir Bernard Spilsbury's opinions when he ventured into clinical questions outside his regular pathological work.

The Attorney-General for Jersey, in his address to the jury, said that such an operation could only be rightfully performed if it was necessary to save the mother's life or if it was impossible for a living child to be born. It was stated in this case by the defendant that the suggestion of an illegal operation was made by the man when he brought the woman for examination, and the Attorney-General submitted that the story of the woman showed that from the time of consultation with Dr. Avarne there was no doubt in the mind of both the woman and the man that the life of the child was not to be preserved, though the woman's future conduct showed that she did not appreciate the gravity of the offence. When the woman entered the nursing home she was healthy, suffering from none of the symptoms consistent with an impending natural abortion. The reputed father, being a police official, had special opportunity of obtaining admission for the woman into the local hospital, but she was taken instead to a private nursing home—itself a suspicious circumstance. On behalf of the defence it was urged that the charge arose out of a statement made by the woman at a time when her temperature was 107° F. The woman had appeared as a witness for the prosecution, but she had broken down under cross-examination. If her story was true she was an accomplice and accessory, as was her paramour. Why were they not in the dock with the defendant? The evidence of the experts showed that in May, when the woman first consulted the doctor, it would have been the best time for him to operate had an illegal operation been contemplated, but in fact the operation was deferred until August.

The Bailiff, in summing up, pointed out that the law regarded very seriously the offence of criminal abortion, whether by drugs or instruments. It was no less culpable if performed by an eminent member of the medical profession than if performed by an ignorant midwife. It had been admitted that the operations—there were really two of them—

were performed on the woman, and it was the plea of the defence that they were necessary for the removal of a dead foetus. The Bailiff feared that there were not many in court who could appreciate the intricate details which the medical witnesses had presented. Absence of motive had been urged on behalf of the defendant, but that did not prove that a crime had not been committed. One point which seemed rather remarkable to his mind was that towards the end of July the doctor made an examination of the woman at the house of the reputed father, and came to the conclusion that the foetus was dead. As he knew that the man was anxious about the pregnancy, and had indeed suggested an illegal operation to terminate it, it seemed strange that he did not give him the welcome news that there would be no further "trouble."

As stated, the jury, after a brief deliberation, found Dr. Avarne "Not guilty," and he was immediately discharged.

Universities and Colleges

ROYAL COLLEGE OF SURGEONS OF ENGLAND

ANNUAL MEETING OF FELLOWS AND MEMBERS

The annual meeting of Fellows and Members of the Royal College of Surgeons of England was held at Lincoln's Inn Fields on November 16th, when the President, Sir HOLBURY WARING, was in the chair.

The PRESIDENT submitted the annual report of the Council and briefly commented upon it. Dealing with the proposal to revise the regulations relating to the admission of candidates to the second or final examination for the Fellowship, he said that it was quite possible that this revision might have a considerable influence in improving the equipment of the hospitals. One did not want to criticize the hospitals, but occasionally the lay committees governing voluntary hospitals did not follow all the recommendations made by the medical committees, and there was at times a tendency for a hospital with good accommodation and personnel not to have the equipment necessary for the scientific investigation of patients if it were to be up to modern requirements. With regard to the primary Fellowship examination, a committee had been appointed to go into the question of whether or not the examinations in their present form were as well adapted as possible for modern requirements. A good deal had been heard of the difficulties students had met with in the primary examination, and the committee would go into all the details with a view to seeing if the examination could not be made more completely to meet the requirements of modern education. The whole question of medical education seemed to be in the melting-pot, and the Medical Curriculum Conference, having discussed the matter from all points of view, would shortly be in a position to draw up its report. The general feeling, he thought, was to lessen what might be called the detailed requirements which had been exacted from medical students in the early stages and spread these out to the clinical period.

The President drew attention to the paragraph in the report which announced that Sir Arthur Keith had felt it incumbent upon him, for health reasons, to place his resignation of the office of conservator of the museum in the hands of the Council. The report stated that, although happily Sir Arthur's health was now in great measure restored, it was thought undesirable by his medical advisers that he should take up his residence in London again and resume his duties at the museum. On the acceptance of Sir Arthur Keith's resignation, the President had been requested by the Council to express to him their sincere regret on his retirement, to convey to him an assurance of their very great appreciation of his services to the College and their warm regard for him personally, and to tell him that the Council were very conscious of the distinction and ability with which he had filled the office of conservator during the past twenty-five years.

The President added that it was a great pleasure to feel that Sir Arthur Keith was continuing his association with the College as Master of the Buckston Browne Research Farm. He stated that, following the advertisement of the vacant office, the Council had appointed Dr. John Beattie as conservator.

During the year from August 1st, 1932, to July 31st, 1933, 602 diplomas of Membership, 96 diplomas of Fellowship, and 138 Licences in Dental Surgery had been issued, together with 164 Diplomas in Public Health and in other subjects granted jointly with the Royal College of Physicians. The number of women receiving diplomas of Membership was 63; of Fellowship, 3; of Licences in Dental Surgery, 7; and other diplomas, 16.

In the course of some discussion and questions on the report, Dr. REDMOND ROCHE suggested that it would have been advisable to have had on the Medical Curriculum Conference a member who was in general practice.

Mr. HOWARD M. STRATFORD said that he thought he was expressing the general feeling that if there were to be any alterations in the requirements for the primary Fellowship examination they should not be in the direction of making it more severe. The examiners were, he said, specialists, and, as such, were apt to magnify their specialty. He hoped the Council would keep a sharp look-out, not only on the examinee, but also on the examiner.

Mr. MCADAM ECCLES expressed the hope that the meeting would accord, as the Council had done, a very hearty vote of thanks to Sir Arthur Keith for his past services as conservator. They were all glad that, though Sir Arthur had resigned that position, the College would not be losing him altogether.

The PRESIDENT said he gathered from the applause with which the remark was received that it was the wish of the meeting that what had been said should be conveyed by him to Sir Arthur Keith. He added that it was not possible to make any change in the representation on the Medical Curriculum Conference, but he did not think Dr. Redmond Roche need feel any doubt that every side would be discussed by the present representatives.

Dr. WAKELIN BARRATT then proposed, and Dr. VAUGHAN PENDRED seconded, reception of the report of Council, and this was agreed to.

Representation of Members on the Council

Dr. VAUGHAN PENDRED, a Fellow of the College, then moved:

That this forty-fourth annual meeting of Fellows and Members of the Royal College of Surgeons of England reaffirms that the Members, who constitute 90 per cent. of the College, should have some representation on the Council, a similar resolution having been passed forty-three times, and never once lost.

He said it seemed a grave anomaly that the Council should hold its position while it represented only the Fellows—that is to say, only one-tenth of the College. How was it possible for Members to obtain the recognition advocated in the resolution? He would be told that it was necessary to obtain a new Charter from His Majesty's Government. For that purpose it was necessary to obtain the views of the general body of members, though it was difficult to get even thirty members to attend the annual meeting, which fact was rather disgraceful. He suggested that the 18,000 Members of the College should be circularized on this question, and that if affirmative replies were obtained from a large number the Council should consider approaching the Government for a Charter.

Mr. HOWARD STRATFORD, in seconding the proposal, remarked that a great writer once said, "It is better to travel hopefully than to arrive." Members of the College who approved of this proposal had been travelling hopefully for forty-three years and had not yet arrived. He pointed out that the General Medical Council called to its deliberations medical men from all spheres of practice, and surely the College might make more use of the services of its Members. There was also the moral aspect of the matter; he was certain that it was right and just that Members should be on the Council. If the Council were to decide to give a small representation—for there was no question of controlling the College—to the Members it would be applauded as the right and proper thing, alike by the profession, the Press, and the public.

The resolution was put to the vote, and the PRESIDENT announced that there were twenty-four votes for the motion and two against. He declared the motion carried, and said that it would be conveyed to the Council.

UNIVERSITY OF OXFORD

At a congregation held on November 18th the degree of Doctor of Medicine (D.M.) was conferred on T. H. Sellors and A. H. Gale.

UNIVERSITY OF CAMBRIDGE

At a congregation held on November 17th the following medical degrees were conferred:

M.B., B.CHR.—W. C. Barber, I. G. Robin, W. S. McKenzie, G. C. Martin.
M.B.—J. S. Barker, T. D. Day.
B.CHR.—E. J. M. Bowlby.

Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

A new session of Parliament was opened on November 21st, with a speech from the Throne by the King in person. Bills announced in the speech include the Unemployment Insurance Bill already introduced, a measure dealing with the law relating to betting and gambling, and another on the reconditioning of working-class houses. The sugar beet subsidy will be continued for another year. A Bill is promised to regulate the hours of employment of young persons, and other conditions in distributive trades. One Bill relating to Scotland will propose the amendment of the Poor Law. Among other purposes it requires a certificate of physical fitness from a medical officer before a poor person is required to perform work, and enables the medical officer of a local authority to certify for removal to institutions persons who are aged and infirm or physically incapacitated if not then receiving proper care or attention.

The Joint Select Committee on India was set up afresh on November 22nd by resolutions of both Houses. For the rest of the week the House of Commons continued the debate on the Address.

The Parliamentary Medical Committee will meet next week at the House of Commons.

Before Parliament was prorogued on November 17th the Royal Assent was given to the Expiring Laws Continuance (No. 2) Act, the Firearms and Imitation Firearms (Criminal Use) Act, the British Nationality and Status of Aliens Act, the Local Government Act, the Protection of Birds Act, and the Road and Rail Traffic Act.

Animal Experiments

In reply to Mr. Groves on November 15th, Sir JOHN GILMOUR said that 771 visits of inspection were made by inspectors during the year 1932 under the Cruelty to Animals Act, 1876. He would arrange for this information to be given in an annual report of the inspector in future.

On November 16th Sir John Gilmour said that the Royal Commission on Vivisection which reported in 1912, and which recommended that an advisory committee should be appointed to assist the Secretary of State in the administration of the Cruelty to Animals Act, also recommended that these advisers should be selected by him from a list of names submitted to him by the Royal Society and the Royal Colleges of Physicians and Surgeons in London. This recommendation was adopted in 1913. He proposed to continue to rely on the assistance of these learned bodies in selecting members of the advisory committee.

On the same day he told Mr. Groves that he was satisfied the irregularities mentioned in the report of the inspector appointed under the Cruelty to Animals Act, 1876, as having occurred in 1932, were sufficiently punished by admonitions and warnings to be more careful in future. As regards an experiment in which curare was used, the licensee was a man and not a woman. The animal was anaesthetized before curare was administered and killed before recovering consciousness, the dose of anaesthetic given being enough to

Deaths from Meningitis Following Vaccination.—Sir HILTON YOUNG told Mr. Groves on November 14th that during 1931 three deaths from meningitis following vaccination had been reported, one each at Carshalton, Alverstone, and Barham. The ages were 2 months, 11 weeks, and 4½ months. The verdicts were: "Meningitis due to an organism which may have entered the system at the site of vaccination"; "meningitis"; and "natural causes—namely, meningitis." Inquiries were made in each case. He was advised there was no ground for disagreement with the verdicts.

Notes in Brief

In reply to Mr. Logan on November 16th Sir HILTON YOUNG stated that the number of insurance cards issued in respect of employed persons over the age of 65 for one or more weeks during the first half of this year was approximately 330,000.

Obituary

PHILIP BARNETT BENTLIF, M.R.C.S.

Consulting Physician, Jersey Infirmary and Dispensary

One of the best-known medical men in the Channel Islands passed away on November 7th, at the age of 74, in Dr. Philip Barnett Bentlif of St. Helier, Jersey. The large concourse of people which filled St. Saviour's parish church on the occasion of his funeral and the scenes in the streets testified to the respect in which he was held by his fellow islanders. The Lieutenant-Governor was represented, many official persons, members of the medical and legal professions, and representatives of local hospitals and other institutions were present, and the Royal Militia, of which he was surgeon colonel, mounted a guard of honour. There was also a large attendance of Freemasons, among whom he had been a prominent figure.

Dr. Bentlif was a student at Middlesex Hospital, and took his medical qualifications in 1883, being also Broderip scholar in that year. His early experience in practice was on troopships. He served as surgeon on the transport *Australia* and on the hospital ship *Ganges* in the Sudan expedition which went to the relief of Khartum in 1885. On settling down in Jersey he took a prominent part in the civil and military life of the small community, and gradually came to hold a very large number of official positions. He was medical officer in command of the troops of Jersey district, county director of the British Red Cross Society, a serving brother of the Order of St. John of Jerusalem, president of the Jersey centre of the St. John Ambulance Association, physician to the Overdale Fever Hospital and the Tuberculosis Hospital, and honorary consulting physician to Jersey Infirmary and Dispensary. He also served as honorary surgeon to the St. Helier fire brigade, and as medical referee to various assurance companies. He joined the British Medical Association immediately on qualification fifty years ago, and took a great interest in the affairs of the small Jersey Division, and of the Southern Branch, of which he was president in 1925-6. He had also been president of the Jersey Medical Society. He contributed certain clinical papers to the *Middlesex Hospital Journal*, and, during the war, to the *Journal of the Royal Army Medical Corps*.

His son, Dr. Philip Graeme Bentlif, is also in practice in Jersey.

Dr. THOMAS HENRY PARKE, who died at his residence in Tideswell, Buxton, at the age of 76, had been in general practice in that neighbourhood, where he had been born, for forty-nine years. He received his medical education at Owens College, Manchester, and obtained in 1878 the diplomas M.R.C.S.Eng., L.R.C.P.Ed., and L.M.; in the following year he became L.S.A. He succeeded to a practice established by his father in Tideswell, and in his earlier years had many fierce buffettings from the weather in the course of his journeys over the Peak

district, having had to charge snowdrifts at full gallop on horseback. He took a keen interest in the general welfare of the local community, held many offices, and was made a J.P. in 1916. Dr. C. W. Buckley writes: For many years Dr. Parke was associated with his father, who commenced practice in the town in 1850, and the family name has been a household word in the scattered hamlets and farmsteads of the Peak district for nearly eighty years, universally loved and esteemed by all classes of society. Under a bluff exterior "Dr. Tom" hid a kind heart and sympathetic disposition, allied with a sound knowledge of medicine, which he kept up to date by constant reading of the medical journals and current literature. Those who had the privilege of meeting him in consultation were often struck by his wisdom and clinical insight, as well as by his acquaintance with new ideas. Dr. Parke was a keen sportsman, and identified himself especially with village cricket, being no mean performer with both bat and ball. He took a prominent part in local affairs, and up to the time of his death was chairman of the Tideswell and District Hospitals Association. He was an old member of the British Medical Association, though he did not take any active part in its affairs, living too far from the centre of the Division. More than six hundred people attended his funeral, a slight indication of the affection in which he was held.

Medical News

The annual dinner of past and present students of the London (Royal Free Hospital) School of Medicine for Women will be held at the Savoy Hotel on Thursday, December 7th, at 7 for 7.30 p.m.

The annual London dinner of the Irish Medical Schools' and Graduates' Association will be held at the May Fair Hotel on November 30th.

The twelfth annual dinner and dance of the British Serbian Units Branch of the British Legion will be held at Lysbeth Hall, Soho Square, on Saturday, December 2nd, at 7.20 p.m., with the president, Lieut.-Colonel A. E. Kidd, M.B., in the chair. Tickets (price 6s.) may be had from the secretary, Miss Marx, 24, Melcombe Court, Dorset Square, N.W.1.

The fifth annual dinner of the London Jewish Hospital Medical Society will be held on Sunday, December 10th, at the Trocadero Restaurant, Piccadilly, W. The Right Hon. Walter Elliot, Minister of Agriculture, will be the society's guest of honour, and Dr. M. D. Eder will be in the chair. The price of tickets (exclusive of wines) is 12s. 6d. each. Application for seats should be addressed to the dinner secretary, London Jewish Hospital Medical Society, Stepney Green, E.1.

The annual Manchester medical ball will be held at the Midland Hotel, Manchester, on Thursday, February 22nd, 1934. Reception by Mr. and Mrs. P. R. Wrigley at 7.30 p.m. Tickets (price £1 1s.) can be had on application to Mr. B. W. Spurgin (honorary secretary), Medical School, Manchester.

Sir Philip Cunliffe-Lister, Secretary of State for the Colonies, supported by Lord Athlone, will preside at a meeting of the Royal Empire Society at the Hotel Victoria, London, on Tuesday, December 5th, when brief addresses will be given on "British Nurses Overseas: Their Achievements and Difficulties," by Lady (Samuel) Wilson, Mr. J. L. Gilks, F.R.C.S., Director of Medical and Sanitary Services, Kenya, and members of the nursing services who have had experience in the Dominions and Colonies. Those wishing to be present should make early application for tickets, which are free, to the secretary, Royal Empire Society, Northumberland Avenue, W.C.2.

The fiftieth international post-graduate course of the Vienna Medical Faculty will be held from November 27th to December 10th. The subject is "Modern Diagnosis and Treatment." The fee is 50 schillings. Further information can be obtained from the office of the Faculty, Alterstrasse 4, Vienna IX.

At the meeting of the Royal Sanitary Institute in the Municipal Annexe, Dale Street, Liverpool, on Friday, December 1st, at 5 p.m., there will be discussions on "Housing and Slum Clearance," to be opened by Dr. W. M. Frazer, and on "The Prevention of Measles by the Use of Human Adult Serum," to be opened by Dr. C. O. Stallybrass.

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.-Col. G. E. F. Stammers, from December 4th to 13th. Particulars can be had from the secretary, London School of Hygiene and Tropical Medicine, Keppel Street, W.C.1.

At a meeting of the Central Midwives Board for England and Wales on November 2nd the report on the work of the Board for the year ended March 31st, 1933, was approved as amended, and signed by the chairman and secretary to be forwarded to the Ministry of Health.

A course of clinical lectures and demonstrations will be given on Tuesdays, Wednesdays, and Thursdays, at 3.15 p.m., at the Royal Northern Hospital and the Royal Chest Hospital, City Road, from November 30th, 1933, to May 3rd, 1934. Brief particulars will appear in the diary of post-graduate lectures published in our *Supplement* week by week. The programme (copies of which may be obtained from Dr. E. G. B. Calvert at the Royal Northern Hospital, Holloway Road, N.7) has been planned throughout with a view to providing practical help for the general practitioner.

The Buckston Browne Prize Essay of the Harveian Society of London has been awarded to Lionel S. Penrose, M.D., for his essay on "The Influence of Heredity in Disease."

Attentive readers will note two small improvements in the *Proceedings of the Royal Society of Medicine* which take effect in the November number (vol. xxvii, No. 1). The table of contents is now arranged according to "Papers," "Short Communications," and "Clinical Material" instead of according to Sections as heretofore. Another change is that whenever an abstract of a paper is supplied by the author this is printed at the head of the paper, not only in English but in French and German also, for the assistance of Continental readers and abstracting journals.

The *Medical Journal of Australia* for August 12th contains an article by Dr. Thomas Cherry, Cancer Research Fellow of the University of Melbourne, under the title of "Cancer and Tuberculosis. VIII: A Survey of Recent Work on the Causation of Cancer." The author's conclusion is that "cancer appears as a unique disease in most cases, caused indirectly by the tubercle bacillus, and directly by the consequent lymphatic action. The survey of the cancer problem from this point of view suggests that the control of the disease is practicable. It is essential not only to reduce the incidence of phthisis but also to reduce the facilities for healthy adults coming into contact with the bacillus." Previous articles correlating cancer and tuberculosis have been published by Dr. Cherry since 1924.

We have received the first number (dated November, 1933) of a new monthly periodical, *The East Riding Medical Journal*, which is intended to cater particularly for the local interests of medical and dental practitioners in the East Riding of Yorkshire and North Lincolnshire. The editor is Dr. Douglas Robinson, and the editorial office is at 51, High Street, Hull. The subscription rate is 13s. per annum, post free; single copies, 1s.

In our advertisement columns on November 11th and 18th the Home Secretary announced a vacancy for a medical inspector of factories (male) at a salary of £726, rising to £1,043. Forms of application, etc., may be had from the Industrial Division, Home Office, S.W.1.

A festival dinner in aid of the Royal National Orthopaedic Hospital will be held at the Dorchester Hotel, Park Lane, on Wednesday, December 6th, with the president, H.R.H. the Duke of Gloucester, in the chair.

This year's Nobel Prize for medicine has been awarded to Thomas Hunt Morgan, professor of biology in the Californian Institute of Technology.

Dr. J. Sánchez Covisa, formerly president of the College of Physicians of Madrid and of the Spanish Society of Dermatology and Syphilography, has been elected dean of the medical faculty of Madrid in succession to Professor Sebastian Recasens.

Professor Valère Cocq has been elected president of the Brussels Faculty of Medicine.

Dr. Guido Miescher, hitherto director of the radiological department, has succeeded the late Professor Bruno Bloch as director of the skin clinic and professor of dermatology at Zürich.

Professor F. de Lapersonne and Dr. Morax of Paris have been elected honorary members of the Hungarian Society of Ophthalmology.

The following appointments have recently been made in the German faculties of medicine: Dr. Hermann Dold, professor of hygiene at Tübingen in succession to Professor Wolf; Dr. Carl Schneider, director of the psychiatric and neurological clinic at Heidelberg, in succession to Professor Willmanns; and Professor Georg Magnus of Bochheim, successor of Professor Bier at the Berlin Surgical Clinic.

An international institute for plastic surgery is to be founded at the University of Florence.

An epidemic of 462 cases of typhus, with 300 deaths, has recently occurred in North Syria.

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:

EDITOR OF THE BRITISH MEDICAL JOURNAL, *Aitiology Westcent, London.*

FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate Westcent, London.*

MEDICAL SECRETARY, *Medisecra Westcent, London.*

The address of the Irish Office of the British Medical Association is 18, Kildare Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 24361 Edinburgh).

QUERIES AND ANSWERS

The Sorenson Trial

Dr. P. WATSON-WILLIAMS (2, Rodney Place, Clifton, Bristol) writes: Can any of your readers give me information with regard to the trial of Sorenson on a charge of murder? I gather the capital sentence was commuted to detention as the crime was one of mental aberration resulting from mastoid infection. I should be glad to know where one can find a full account of the trial, and of the evidence submitted with regard to the diseased condition affecting the prisoner's moral responsibility.

Trigeminal Neuralgia

Dr. B. LAYTON LLOYD (Hants), in reply to "T. M." (October 28th, p. 805), writes: I suggest that deep hypnosis be tried first. If his patient is a good subject, one sitting would probably effect a cure. Hypnosis would, of course, be induced when the patient is free from pain.

Association Notices

BRANCH AND DIVISION MEETINGS TO BE HELD

DERBYSHIRE BRANCH: BUXTON DIVISION.—At Union Club, Buxton, Tuesday, November 28th, 8.15 p.m. Dr. R. Worthington: "Certificates and Certification." Followed by discussion on matters connected with national health insurance practice.

EAST YORKSHIRE BRANCH.—At Good Fellowship Inn, Hull, Friday, December 1st, 8.15 p.m. Annual dinner.

ESSEX BRANCH: NORTH-EAST ESSEX DIVISION.—At Red Lion Hotel, Colchester, Thursday, November 30th, 7.45 p.m. Dinner, followed by discussion on contraceptives, to be opened by Mrs. Janet Chance and Dr. C. P. Blacker.

KENT BRANCH: ROCHESTER, CHATHAM, AND GILLINGHAM DIVISION.—At the Bull Hotel, Wednesday, November 29th, 7.45 p.m. Quarterly meeting and dinner.

LANCASHIRE AND CHESHIRE BRANCH: ROCHDALE DIVISION.—At Rochdale Infirmary, Friday, December 1st, 8.30 p.m. Lecture by Dr. R. Ellis: "Cancer of the Lung."

METROPOLITAN COUNTIES BRANCH: GREENWICH AND DEPTFORD DIVISION.—At 41, Creek Road, Deptford, Tuesday, November 28th, 9 p.m. At this meeting matters relating to national insurance practice will be introduced by Dr. A. F. Heald.

METROPOLITAN COUNTIES BRANCH: HARROW DIVISION.—At Gayton Rooms, Harrow, Tuesday, November 28th, 8.30 p.m. Lecture by Dr. D. Forsyth: "Psychological Cases in General Practice."

METROPOLITAN COUNTIES BRANCH: STRATFORD DIVISION.—At Queen Mary's Hospital, Stratford, Tuesday, November 28th, 3 p.m. Clinical meeting.

NORFOLK BRANCH.—At Norfolk and Norwich Hospital, Friday, December 1st, 3.15 p.m. Dr. S. Vere Pearson: "Modern Advances in the Treatment of Pulmonary Tuberculosis."

NORFOLK BRANCH: NORWICH DIVISION.—At Norfolk and Norwich Hospital, Tuesday, November 28th, 3.30 p.m. Surgical demonstration.

NORTH OF ENGLAND BRANCH: BLYTH DIVISION.—At Thomas Knight Memorial Hospital, Blyth, Wednesday, November 29th, 8.30 p.m. Lecture by Mr. J. Hamilton Barclay: "Disease of Rectum."

SHROPSHIRE AND MID-WALES BRANCH.—At Royal Salop Infirmary, Tuesday, November 28th, 3.45 p.m. Lecture by Dr. G. Lavelle: "Affections of Adult Bone."

SOUTHERN BRANCH: PORTSMOUTH DIVISION.—At Royal Portsmouth Hospital, Thursday, November 30th, 3 p.m. Clinical meeting.

SOUTH WALES AND MONMOUTHSHIRE BRANCH: NORTH GLAMORGAN AND BRECKNOCK DIVISION.—At Pontypridd, Thursday, November 30th. B.M.A. Lecture by Dr. L. S. T. Burrell: "Bronchiectasis." Supper.

SUSSEX BRANCH: BRIGHTON DIVISION.—At Grand Hotel, Brighton, Friday, December 15th. Annual ball in aid of medical charities. Tickets (7s. 6d., including supper) obtainable from Mrs. Beresford, 11, Adelaide Crescent, Hove, or Miss M. Parry, 5, The Drive, Hove.

SUSSEX BRANCH: WEST SUSSEX DIVISION.—At Royal West Sussex Hospital, Chichester, Friday, December 1st, 3 p.m. Clinical meeting.

Naval and Military Appointments

ROYAL NAVAL MEDICAL SERVICE

S. I. Ballard has entered as Surgeon Lieutenant, and is appointed to the *Victory*, for Royal Naval Hospital, Haslar.

ROYAL NAVAL VOLUNTEER RESERVE

Surgeon Lieutenant Commander F. E. Stabler to the *Victory*, for Royal Naval Barracks.

ROYAL ARMY MEDICAL CORPS

Captain W. A. G. Bell relinquishes his temporary commission. Lieutenant (Quartermaster) W. R. George to be Captain (Quartermaster).

ROYAL AIR FORCE MEDICAL SERVICE

Flight Lieutenants R. W. White, G. P. O'Connell, and A. Dickson to be Squadron Leaders.

Flight Lieutenants P. H. Perkins to Station Headquarters, Heliopolis; R. Thorpe to R.A.F. General Hospital, Palestine and Transjordan.

TERRITORIAL ARMY

ROYAL ARMY MEDICAL CORPS

Lieut.-Col. J. B. Stanley, having attained the age limit, retires and retains his rank, with permission to wear the prescribed uniform.

Captain J. G. Weston resigns his commission.

Second Lieutenant A. G. Fripp, late Guards M.G. Regiment, to be Lieutenant.

J. W. Laird to be Lieutenant.

TERRITORIAL ARMY RESERVE OF OFFICERS: ROYAL ARMY MEDICAL CORPS

Captain E. D. Ellis, having attained the age limit, relinquishes his commission and retains his rank.

Captains (Quartermasters) L. N. Blake and H. B. Briggs, having attained the age limit, relinquish their commissions and retain their ranks.

INDIAN MEDICAL SERVICE

Major-General C. A. Sprawson, C.I.E., is appointed to officiate as Director-General during the absence of Major-General Sir John Megaw, K.C.I.E., K.H.P.

Lieut.-Col. G. E. Malcolmson retires from the Service as from September 30th.

Lieut.-Col. B. Gale is appointed to officiate as Civil Surgeon, Simla East.

The services of Lieut.-Col. V. N. Whitamore, O.B.E., are placed at the disposal of the Government of the Punjab.

APPOINTMENTS

GARLAND, Hugh G., M.D., M.R.C.P., Honorary Demonstrator in Toxicology, Leeds University.

KING'S COLLEGE HOSPITAL.—*Senior Casualty Officer*: J. D. H. Bird, M.B., B.S. *Second Casualty Officer*: J. F. Jarvis, M.B., B.S. *House-Anaesthetist*: A. H. Galley, M.R.C.S., L.R.C.P. *Senior House-Pathologist and House-Physician to Dermatological Department*: A. M. Rackow, M.R.C.S., L.R.C.P. *Junior House-Pathologist*: D. H. Fulton, M.B., B.S. *Radiologist*: T. V. Crichlow, M.R.C.S., L.R.C.P., D.M.R.E. *House-Physicians*: S. G. Browne, M.B., B.S., J. G. Anderson, M.R.C.S., L.R.C.P., R. H. Bailey, M.R.C.S., L.R.C.P. *House-Surgeons*: C. A. Lewis, M.R.C.S., L.R.C.P., Miss L. A. Loder, M.R.C.S., L.R.C.P., G. A. Barker, M.R.C.S., L.R.C.P.; *Urological Department*, M. Baillie, M.B., B.S.; *Orthopaedic Department* and *Third Casualty Officer*, E. J. Smith, M.B., B.S.; *Obstetrics and Gynaecology (Senior)*, Miss J. M. Egerton, M.R.C.S., L.R.C.P., (Junior) H. N. Miles, M.R.C.S., L.R.C.P.; *Aural and Throat Departments*, A. Rothwell, M.R.C.S., L.R.C.P., R. Thomas, B.M., B.Ch.

CERTIFYING FACTORY SURGEONS.—E. R. C. Cooke, M.R.C.S., L.R.C.P., for the Great Haseley District (Oxford); R. G. Knight, M.R.C.S., L.R.C.P., for the Milborne Port District (Somerset); J. Monie, M.B., Ch.B.St. And., for the Airdrie District (Lanark); T. H. Rhys, M.R.C.S., L.R.C.P., for the Pwllheli District (Carnarvon).

VACANCIES

ALBERT DOCK HOSPITAL, Connaught Road, E.—R.M.O. (male).

ALL SAINTS' HOSPITAL FOR GENITO-URINARY DISEASES, Austral Street, S.E.—R.H.S. (male).

BLACKHEATH AND CHARLTON HOSPITAL, Shooter's Hill, S.E.—Hon. Consulting S.

BRISTOL: COSSHAM MEMORIAL HOSPITAL, Kingswood.—R.M.O. (male).

BRIGHTON: NEW SUSSEX HOSPITAL FOR WOMEN AND CHILDREN.—(1) H.P. (2) H.S. Females.

CAMBRIDGE: ADDENBROOKE'S HOSPITAL.—Anaesthetist and Emergency Officer (male, unmarried).

CHELMSFORD BOROUGH.—Specialist Consultant (male), Obstetrics and Gynaecology.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE HEART AND LUNGS, Victoria Park, E.—(1) R.M.O. (2) H.P. Males.

DEWSBURY AND DISTRICT GENERAL INFIRmary.—(1) Senior H.S. (2) Second H.S.

DREADNOUGHT HOSPITAL, S.E.—(1) H.P. (2) H.S. Males.

EDINBURGH: ELSIE INGLIS MEMORIAL MATERNITY HOSPITAL.—District M.O. (female).

EDINBURGH HOSPITAL FOR WOMEN AND CHILDREN.—J.H.S. (female).

ELIZABETH GARRETT ANDERSON HOSPITAL, Euston Road, N.W.—(1) H.P. (2) Obstetric Assistant. (3) Three H.S. Females.

ERITH AND DISTRICT HOSPITAL.—Hon. Consulting: (1) Junior Assistant S. (2) Ophthalmic S. (3) Orthopaedic S. (4) Ear, Nose, and Throat S.

EXETER: ROYAL DEVON AND EXETER HOSPITAL.—(1) H.P. (2) H.S. to Ear, Nose, and Throat Department. Males.

FRENCH HOSPITAL AND DISPENSARY, Shaftesbury Avenue, W.C.—Anaesthetist.

GENERAL LYING-IN HOSPITAL, York Road, S.E.—Junior R.M.O. and Anaesthetist.

GLASGOW: VICTORIA INFIRmary.—Whole-time Assistant Radiologist.

GREAT YARMOUTH GENERAL HOSPITAL.—H.S. (male, unmarried).

HAMPSTEAD CHILDREN'S HOSPITAL.—Temporary R.M.O.

HAMPSTEAD GENERAL AND NORTH-WEST LONDON HOSPITAL, Haverstock Hill, N.W.—H.S. (male, unmarried).

HOSPITAL FOR EPILEPSY AND PARALYSIS, Maida Vale, W.—(1) Hon. Psychiatrist. (2) Two Medical Registrars.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—(1) H.P. (2) H.S. Males unmarried.

HOSPITAL FOR WOMEN, Soho Square, W.—R.M.O.

HOUNSLOW HOSPITAL.—(1) J.H.S. (male). (2) Senior H.S.

HULL ROYAL INFIRmary.—Third H.S. (male).

INFANTS HOSPITAL, Vincent Square, S.W.—Clinical Assistant.
ISLE OF WIGHT: ROYAL ISLE OF WIGHT COUNTY HOSPITAL, Ryde—Resident H.S. (unmarried).
KEIGHLEY AND DISTRICT VICTORIA HOSPITAL.—Secretary.
KING EDWARD VII SANATORIUM, Midhurst.—First A.M.O.
LANCASHIRE COUNTY COUNCIL.—J.H.S. at Biddulph Grange Orthopaedic Hospital.
LIVERPOOL CITY.—R.A.M.O.'s at Smithdown Road Hospital.
LIVERPOOL STANLEY HOSPITAL.—Hon. Assistant S.
LONDON COUNTY COUNCIL.—Temporary District M.O. (part of Southwark).
LONDON JEWISH HOSPITAL, Stepney Green, E.—Surgical Registrar.
MANCHESTER: ANCOATS HOSPITAL.—(1) R.S.O. (2) Surgical Registrar or Registrars.
MANCHESTER BABIES' HOSPITAL.—J.R.M.O.
MANCHESTER CITY.—Lecturer.
MIDDLESBROUGH COUNTY BOROUGH.—M.O. for Maternity and Child Welfare (female).
MILDMAY MISSION HOSPITAL, Austin Street, E.—Assistant C.O. (female).
NATIONAL TEMPERANCE HOSPITAL, Hampstead Road, N.W.—(1) H.P. (2) H.S. (3) C.O. Males.
NORTHWOOD: MOUNT VERNON HOSPITAL.—Assistant Clinical Pathologist.
NORWICH: NORFOLK AND NORWICH HOSPITAL.—H.P. (male).
NUNEATON GENERAL HOSPITAL.—H.S.
OXFORD UNIVERSITY.—Chair of Anatomy.
PLYMOUTH: CENTRAL HOSPITAL.—H.S.
PLYMOUTH: SOUTH DEVON AND EAST CORNWALL HOSPITAL.—(1) H.P. (2) H.S.
PRINCESS BEATRICE HOSPITAL, Richmond Road, S.W.—R.M.O. (male).
PRINCESS ELIZABETH OF YORK HOSPITAL FOR CHILDREN, Shadwell, E.—(1) H.S. (2) R.M.O. (male).
PRINCESS LOUISE KENSINGTON HOSPITAL FOR CHILDREN, St. Quintin Avenue, W.—(1) H.P. (2) H.S.
QUEEN'S HOSPITAL FOR CHILDREN, Hackney Road, E.—(1) H.P. (2) C.O.
QUEEN MARY'S HOSPITAL FOR THE EAST END, E.—(1) R.M.O. (2) Two H.S. (3) H.P. (4) Obstetric H.S. (5) H.P. and Resident Anaesthetist. (6) C.O. (7) Dental Anaesthetist. Males.
ROYAL CHEST HOSPITAL, City Road, E.C.—Clinical Assistants.
ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.—(1) First H.P. (2) Third H.P. (3) Second H.S. (4) Third H.S. (5) Fourth H.S. (6) Gynaecological H.S. (7) Obstetric H.S. (8) Resident Anaesthetist. Females. (9) Medical Registrar. (10) Gynaecological Registrar (female). (11) Surgical Registrar. (12) Second H.P. (male).
ROYAL SOCIETY OF LONDON.—Foulerton Research Studentship.
ST. MARK'S HOSPITAL FOR CANCER, FISTULA, AND OTHER DISEASES OF THE RECTUM, City Road, E.—Resident Surgical Officer (male).
ST. PETER'S HOSPITAL FOR STONE, ETC., Henrietta Street, W.C.—Clinical Assistants.
SALFORD ROYAL HOSPITAL.—(1) Resident Surgical Officer. (2) Two H.S. Males.
SHEFFIELD: JESSOP HOSPITAL FOR WOMEN.—(1) Two H.S. (2) H.S. to Maternity Department. Males.
SHEFFIELD ROYAL INFIRMARY.—Assistant Aural and Ophthalmic H.S.
SOUTHAMPTON: ROYAL SOUTH HANTS AND SOUTHAMPTON HOSPITAL.—(1) H.P. (2) C.O. (3) Resident Anaesthetist and H.S. to Ear, Nose, and Throat Department. (4) Two H.S. Males, unmarried.
STOKE-ON-TRENT: BURSLEM HAYWOOD AND TUNSTALL WAR MEMORIAL HOSPITAL.—J.R.M.O.
STOKE-ON-TRENT: LONGTON HOSPITAL.—H.S. (male).
SURREY COUNTY COUNCIL.—Third A.R.M.O. (male) at County Sanatorium, Milford.
THROAT, NOSE, AND EAR HOSPITAL, Golden Square, W.—H.S. (male).
WELLS MENTAL HOSPITAL.—A.M.O. (male, unmarried).
WEST LONDON HOSPITAL, Hammersmith Road, W.—(1) H.P. (2) Two H.S. Males.
WESTMINSTER HOSPITAL, Broad Sanctuary, S.W.—P. for Diseases of the Skin (male).
WOLVERHAMPTON ROYAL HOSPITAL.—Surgical Registrar and Resident Assistant Surgeon.

CERTIFYING FACTORY SURGEON.—The following vacant appointment is announced: Whittlesey (Cambridge). Applications to the Chief Inspector of Factories, Home Office, Whitehall, S.W.1, by December 12th.

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

DIARY OF SOCIETIES AND LECTURES

ROYAL SOCIETY OF MEDICINE

Section of Odontology.—Mon., 8 p.m. Demonstration by Miss Freda Parsons: Speech Training of Cleft Palate Cases. Film by Mr. E. A. Hardy: Dental Aspects of Cleft Palate Cases.
Section of Medicine.—Tues., 5 p.m. Discussion: Prognosis of Peptic Ulcers. Openers, Dr. C. Bolton, Dr. J. J. Conybeare, Mr. L. N. Pyrah, and Mr. A. M. Cooke.
Reception.—Wed., 8.30 p.m. 9.30 p.m., Address by Professor E. N. da C. Andrade: Ultra-violet Light.
Section of Otology.—Fri., 10.30 a.m. Discussion: Hearing Aids. Opener, Mr. C. S. Halpike. Followed by Sir James Dundas-Grant: Simplified Methods of Determining Percentage of Actual Hearing Power in Tuning-fork Tests. Demonstration: Method of Measuring the Half-amplitude Period of Tuning-forks. Cases at 9.30 a.m.
Section of Laryngology.—Fri., 4.30 p.m. Discussion: Recent Advances in the Treatment of Carcinoma of the Oesophagus from the Surgical and Radiological Aspects. Openers, Professor Grey Turner, Mr. F. J. Cleminson, and Dr. W. Levitt.
Section of Anaesthetics.—Fri., 8.30 p.m. Paper by Dr. Etherington Wilson: Intrathecal Nerve Root Block—Some Contributions and a New Technique (illustrated by films).

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, W.—Mon., 8.30 p.m. Discussion: Ward and Dormitory Infections (excluding the Exanthemata). To be introduced by Dr. J. Alison Glover, Dr. J. C. Spence, and Dr. E. Kaye Le Fleming.
WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—At Hotel Rembrandt, Fri., 8.30 p.m. Discussion: Treatment of Heart Failure. Openers, Professor A. Fraenkel and Dr. T. J. Hoskin. Preceded by a dinner at 7.30 p.m.

British Medical Association

OFFICES, BRITISH MEDICAL ASSOCIATION HOUSE
TAVISTOCK SQUARE, W.C.1

Departments

SUBSCRIPTIONS AND ADVERTISEMENTS (Financial Secretary and Business Manager. Telegrams: Articulate Westcent, London). MEDICAL SECRETARY (Telegrams: Medisecra Westcent, London). EDITOR, BRITISH MEDICAL JOURNAL (Telegrams: Aitiology Westcent, London).

Telephone numbers of British Medical Association and British Medical Journal, Euston 2111 (internal exchange, four lines).

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

IRISH MEDICAL SECRETARY: 18, Kildare Street, Dublin. (Telegrams: Bacillus, Dublin. Tel.: 62550 Dublin.)

Diary of Central Meetings

NOVEMBER

24 Fri. Consultants Board, 4.30 p.m.

DECEMBER

5 Tues. Registrar of Auxiliaries, Drafting Subcommittee, 11 a.m.
8 Fri. Fractures Committees, 2 p.m.
12 Tues. Propaganda Subcommittee, 2 p.m.
20 Wed. Committee on Medical Education, 2.15 p.m.

POST-GRADUATE COURSES AND LECTURES

FELLOWSHIP OF MEDICINE AND POST-GRADUATE MEDICAL ASSOCIATION, 1, Wimpole Street, W.—National Temperance Hospital, Hampstead Road, N.W.: Tues. and Thurs., 8 p.m., M.R.C.P. Course. London Lock Hospital, Dean Street, W.: Course in Venereal Disease, afternoons and evenings. British Red Cross Clinic, Peto Place, N.W.: Tues. and Thurs., 8 p.m., Course in Rheumatism. Infants Hospital, Vincent Square, S.W.: Course in Infants' Diseases, afternoons. Hospital for Diseases of the Skin, Blackfriars Road, S.E.: Course in Dermatology, afternoons. Panel of Teachers: Individual clinics are available daily by arrangement with the Fellowship. Courses, etc., arranged by the Fellowship are open only to members and associates.

CHARING CROSS HOSPITAL MEDICAL SCHOOL.—Sun., 10.30 a.m., Mr. N. C. Lake, The Surgery of the Sympathetic Nervous System; 11.45 a.m., Mr. H. G. Everard Williams, (a) Dysmenorrhoea, (b) Menorrhagia.

CENTRAL LONDON THROAT, NOSE AND EAR HOSPITAL, Gray's Inn Road, W.C.—Fri., 4 p.m., Mr. J. D. McLaggan, Tuberculosis of the Larynx.

HAMPSTEAD GENERAL AND NORTH-WEST LONDON HOSPITAL.—Wed., 4 p.m., Mr. A. Gray, Pre-natal Care.

LONDON SCHOOL OF DERMATOLOGY, St. John's Hospital, 49, Leicester Square, W.C.—Tues. and Thurs., 5 p.m., Dr. A. C. Roxburgh, Cutaneous Syphilis.

NATIONAL HOSPITAL, Queen Square, W.C.—Mon. to Fri., 2 p.m., Out-patient Clinics. Mon., 3.30 p.m., Dr. S. A. Kinnier Wilson, Disorders of Cerebral Function—Aphasia, Apraxia, etc. Tues., 3.30 p.m., Dr. E. A. Carmichael, The Vegetative Nervous System. Wed., 3.30 p.m., Dr. J. S. Collier, Clinical Demonstration. Thurs. and Fri., 3.30 p.m., Dr. F. M. R. Walshe, The Motor System.

ROYAL INSTITUTE OF PUBLIC HEALTH, 23, Queen Square, W.C.—Wed., 4 p.m., Dr. C. P. Blacker, Citizenship and Eugenics.

ROYAL NORTHERN HOSPITAL, Holloway Road, N.—Thurs., 3.15 p.m., Mr. L. E. Barrington-Ward, Pre- and Post-operative Treatment.

ST. PAUL'S HOSPITAL, Endell Street, W.C.—Wed., 4.30 p.m., Mr. Stanford Cade, Kadium Treatment of Epithelioma of the Penis.

SOUTH-WEST LONDON POST-GRADUATE ASSOCIATION, St. James's Hospital, Ouseley Road, S.W.—Wed., 4 p.m., Dr. J. Tennent, Psychiatric Problems in General Practice.

GLASGOW POST-GRADUATE MEDICAL ASSOCIATION.—At Faculty Hall, 242, St. Vincent Street: Tues., 3.30 p.m., Dr. N. Morris, Glycosuria in Childhood.

LEEDS GENERAL INFIRMARY.—Tues., 4 p.m., Dr. Ingram, Dermatological Cases.

LIVERPOOL UNIVERSITY CLINICAL SCHOOL ANTE-NATAL CLINICS.—Royal Infirmary: Mon. and Thurs., 10.30 a.m. Maternity Hospital: Mon., Tues., Wed., Thurs., and Fri., 11.30 a.m.

MANCHESTER: ANCOATS HOSPITAL.—Thurs., 4.15 p.m., Mr. F. H. Diggle, Pharyngeal and Oesophageal Pouches.

MANCHESTER ROYAL INFIRMARY.—Tues., 4.15 p.m., Mr. W. R. Douglas, Treatment of Malignant Glands of the Neck. Fri., 4.15 p.m., Dr. W. Brockbank, Demonstration of Medical Cases.