result of renal insufficiency by itself; or are we to hold that extraneous factors, sometimes not detected, have cancelled in such cases a tendency to hypertension nevertheless inherent in renal insufficiency? It seems possible that such additional factors may indeed explain the apparent exceptions—for example, factors such as debility in waxy disease, vascular paresis in symmetrical cortical necrosis,[7] examination at a time when the kidneys were not yet insufficient in polycystic kidney, etc. Yet even if we grant that renal insufficiency is the direct cause of nephritic hypertension, we have at present no proof of the way in which the insufficiency produces it. The problem is probably closely allied to the question of the cause of uraemia. Both nephritic hypertension and uraemia appear to be due to insufficient renal excretion, though of what substance or substances we do not know, in spite of numerous investigations.

We can, of course, accept the hypothesis that nephritic hypertension is "compensatory." In other words, did hypertension not occur death from inadequate glomerular filtration—that is, from renal insufficiency—would probably take place earlier than it does. But to accept this as an explanation seems more likely to retard than to assist further progress, for it evades the real question of *how* the hypertension is initiated.[8]

CHRONIC NEPHRITIS ("CHRONIC INTERSTITIAL NEPHRITIS")

In chronic, as in earlier nephritis, the vital changes seem to be the glomerular ones. In the more insidious cases ("nephritis repens"[9]) the majority of the glomeruli are hyalinized or have disappeared. For a time the surviving glomeruli may compensate for this by hypertrophy, by a more or less continuous activity encroaching largely on the normal phases of rest of the tufts, and probably also by increased capillary pressure. Eventually, however, destruction of further glomeruli leads to inadequate infiltration and so to uraemia. As the surviving glomeruli are not acutely inflamed, and may, indeed, be healthy enough to hypertrophy, increased permeability of the tufts to albumin is not a prominent factor here, so that albuminuria is slight or absent. Whether the total filtrate is normal, as during the earlier period of successful compensation, or reduced, as later, it is coming from a small number of glomeruli, and has to flow more quickly and more continuously down a limited number of tubules, with the result that reabsorption is inadequate, and there is polyuria with low specific gravity of urine. Lack of heavy albuminuria means that there is no lowered colloid osmotic pressure in the plasma. Also, there is not very active inflammation even in the glomerular capillaries, so that one would not expect general capillary changes. For these reasons the lack of oedema in many cases is not surprising. In less insidious cases of chronic nephritis, where the non-hyaline glomeruli are more inflamed, and therefore permeable to colloids, more albuminuria and some oedema are natural.

PARENCHYMATOUS ("NEPHROTIC") NEPHRITIS

This group, ranging as it does from cases which might be termed "lipoid nephrosis" to others which are close to the less insidious cases of "chronic interstitial nephritis," has a very varied histology, but a marked permeability of the glomeruli to plasma protein is a constant feature. Some cases may show extremely little further evidence of glomerular inflammation, others a considerable amount, but there are always large enough numbers of permeable glomeruli to explain the prolonged absence of renal insufficiency, hypertension, and uraemia. The leaking glomeruli adequately explain the copious albuminuria, and the oedema in these cases seems to be more adequately explained as being related to the albuminuria and consequent lowered colloid osmotic pressure in the plasma than as being a result of alterations in the capillaries throughout the body.

It may be that tubular changes in nephritis are more important than one has suggested, for they are often striking, but one has the impression that, experimentally and in human tubular lesions, renal insufficiency of *tubular* origin occurs only when a particularly intense tubular damage—practically a widespread necrosis—has taken place. This fits in with the filtration-reabsorption theory, for one would expect the first evidence of tubular failure to be a failure to concentrate filtrate to a normal degree—a failure which would not in itself involve retention or uraemia, and would, indeed, result merely in polyuria. Only where damage was so intense as to allow mechanical and unselective seepage through the tubular cells back to the blood stream would uraemia set in.

REFERENCES

[1] Ambard and Beaujard: *Semaine Méd.*, 1905, xxv, 133.
[2] Shaw Dunn: *British Medical Journal*, September 9th, 1933.
[3] Epstein: *Journ. Exper. Med.*, 1914, xx, 334; *Amer. Journ. Med. Sci.*, 1917, cliv, 638.
[4] Volhard: Mohr and Staehelin's *Handbuch der inneren Medizin*, Berlin, 1918, ii, 1478.
[5] Beckmann: *Deut. Arch. f. klin. Med.*, 1921, cxxxv, 39.
[6] Fahr: Henke and Lubarsch's *Handb. d. spez. path. Anat. u. Hist.*, Berlin, 1925, vi, 250, 304.
[7] Scriver and Oertel: *Journ. Path. and Bact.*, 1930, xxxiii, 1071.
[8] Fishberg: *Hypertension and Nephritis*, London, 1930, p. 187.
[9] Russell: Medical Research Council, Special Report Series No. 142, 1929.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

MULTIPLE HYDATID CYSTS OF LIVER WITHOUT EOSINOPHILIA

This case of multiple hydatid cysts of varying size and apparently varying age, indicating a continued or recurrent infection, appears to me to be worth placing on record.

A female domestic, aged 27, was admitted to hospital complaining of jaundice, with epigastric and right-sided pain of sudden onset and fourteen days' duration. On admission her temperature was 100.6° F.; she was very restless, and her sleep was disturbed. Asthenia was prominent. Vomiting occurred on taking food, but this did not relieve the pain, which continued with severe exacerbations. Three years previously she had experienced a similar illness lasting a fortnight, but without jaundice. Apart from this and occasional bilious attacks as a child she had enjoyed perfect health and led a normal life. She was an only child.

On examination the abdomen was not distended; some tenderness was present in the right hypochondrium, and the liver was found to be enlarged. The lower border of the right lobe was one inch below the level of the umbilicus. The surface was smooth and apparently regular. A further mass was palpable in the left hypochondrium, dull on percussion, moving on respiration, and possessing a definite edge. This was thought to be probably splenic enlargement.

Bile was absent from the faeces and present in the urine; van den Bergh's test, direct with maximum colour change in twenty seconds; Wassermann reaction negative. The blood count was: red blood cells, 4,810,000 per c.mm.; white blood cells, 39,000 per c.mm.; haemoglobin, 75 per cent.; colour index, 0.8. Differential leucocyte count was: polymorphs, 74 per cent.; band forms, 12 per cent.; monocytes, 4 per cent.; lymphocytes, 10 per cent.; eosinophils, *nil*. The neutrophilia, slight left shift, and absence of eosinophils were suggestive of a myeloid reaction to an acute infective process. The patient's condition rapidly became worse, with a temperature rising to 102.5°. On the third day following admission she had a rigor, with severe exacerbation of pain and vomiting. The following morning she had a similar attack, and died two hours later.

At the post-mortem examination the liver was found to be grossly enlarged, and the seat of multiple hydatid cysts varying in size up to four inches in diameter. What was thought to be splenic enlargement was, in fact, left lobe of liver. Cardiac and diaphragmatic displacement were marked. The total weight of the liver was fourteen pounds. On section suppuration was found to have occurred in one cyst, the typical hydatid contents being replaced by a fetid purulent bile-stained material. Altogether the liver contained eleven or twelve hydatid cysts of varying size, which contained the typical daughter cysts. Hooklets and scolices of echinococcus were demonstrated on microscopical examination. No cysts were found in any other organ.

CONCLUSIONS

A single hepatic hydatid cyst is by no means a rarity, and multiple hepatic cystic disease is not uncommon, but the striking variation in age and size of the cysts found in the above case seems to point to more than a single chance infection, and rather to a continued or repeated infection over a number of years. The complete absence of eosinophils was no doubt due to the fact that suppuration was present on admission, the polynuclear leucocytoses serving to mask a condition doubtless present prior to the formation of the hepatic abscess. On questioning the mother she said that her daughter had always been fond of animals, surrounding herself during childhood by dogs especially, and receiving their caresses on her face and lips freely and frequently.

I am indebted to Professor Thomas Beattie, medical director, and to Dr. G. P. Harlan, medical superintendent, Newcastle General Hospital, for permission to publish the notes of this case.

ROBERT W. RIDDLE, M.B., B.S.,
House-Physician, Newcastle General Hospital.

TWO CASES OF PHARYNGEAL HAEMORRHAGE

The following two cases seem to me to be of sufficient interest to merit recording.

CASE I

In January, 1932, I saw a small boy, aged 4 years, who had complained of a stiff neck on the left side for four days. On examination I found an enlarged left tonsil, with a visible swelling the size of a hazel nut, of the left side of his neck anterior to the sternomastoid muscle. The swelling was hard, and did not fluctuate. The temperature was 100° F. and pulse 90. There was nothing else to note. I treated the case as one of simple tonsillitis with a glycerin and borax throat paint, and in two days the temperature and pulse were normal and the stiff neck had disappeared.

On the third day I received an urgent message at 9 p.m. to go and see the boy, and on arrival I found him happily playing, but with a blood stain on his pillow and some dried blood on his upper lip and nose. Examination of his nose and pharynx failed to show from where the bleeding had come, and as there was no rise of temperature or pulse I reassured the parents. The following day he was equally well, and the gland in his neck was smaller. That night I was called at 11 o'clock, when I found the child lying in a pool of blood, pulseless, and pale as his sheets, but with no present or demonstrable bleeding point. After giving saline and glucose, and applying hot-water bottles, I moved him into hospital. Examination revealed a perfectly normal nose and throat, a slightly smaller though softer cervical swelling, and no evidence of the origin of the haemorrhage. Blood count was: red blood cells 2,000,000 per c.mm., leucocytes 15,000 per c.mm., haemoglobin 40 per cent. A swab from the throat gave a haemolytic streptococcus.

Thirty-six hours after admission the child had another haemorrhage. No one saw it occur, but to quote the description of a man in the same ward, "He just choked and his bed was full of blood." There was no continuation of the flow, and by the time a nurse had reached him (approximately thirty seconds) and had cleaned his mouth and nose, there was no indication of where the haemorrhage had come from. I asked Dr. A. H. Douthwaite to see him, and we gave a blood transfusion, the mother acting as donor. After the last haemorrhage the temperature started to rise. The child had a further haemorrhage eleven hours after the transfusion, and his pulse and temperature rapidly rose, the latter reaching 108° F. just before he died in deep coma seven days after I first saw him.

A post-mortem examination showed a broken-down cervical gland forming an abscess round the internal carotid artery, into which it had ulcerated, there being a slough the size of a pea through the anterior wall. There was a communicating sinus from the abscess cavity to the pharynx, the opening being hidden by the tonsil.

COMMENT

1. The virulence of the infection without any constitutional disturbance at the beginning was remarkable; until the haemorrhage the child was "perfectly well in himself."
2. The amazing force of the haemorrhage and its short duration on each occasion. This was due, apparently, to the mechanical effect of the narrow sinus acting as a valve from the abscess cavity, only allowing an escape of blood after recovery had raised the blood pressure to a certain figure.
3. The hyperpyrexia before death. Presumably the abscess drained directly into the internal carotid and caused a basal meningitis. (Permission to open the skull was refused.)

CASE II

The second of my two cases had a happier ending. In May, 1932, a girl, aged 8 years, whom I had been attending for chicken-pox, suddenly had a violent epistaxis. Ordinary household remedies proving useless, I was asked to see her. When I saw her (the eleventh day of her disease), about two hours after the commencement of her epistaxis, she already showed signs of collapse. I plugged her nose with adrenaline-soaked gauze, and attended to her general condition. Ultimately the haemorrhage was stopped with post-nasal plugging, and her condition started to improve. Twenty-four hours later it recommenced; it became so severe that I decided to look to the bleeding point—which was not visible and was apparently far back in the posterior nasopharynx—under an anaesthetic, and to cauterize it. The bleeding point was a pock somewhere in the adenoidal tissue, and, although this was impossible to reach with any accuracy, either the cautery or the careful plugging ultimately stopped the haemorrhage.

Her brother meanwhile had developed measles, and had exposed her to infection. I gave her 5 c.cm. of serum from another child who was convalescent from measles, with a very satisfactory result. This was given on the eighth day after exposure to infection; she had twenty-four hours' rash, no cough or other catarrhal symptoms at all, and only twelve hours' temperature, rising to 99° F. one evening. An attack of measles of any severity would have killed her. She developed a dilated heart after her adventures, from which, however, she made a complete recovery with adequate rest.

I should like to express my thanks to Dr. Douthwaite for his great help in a very difficult case (Case I).

Bushey, Herts. P. SHACKLETON, M.R.C.S.

Reports of Societies

STAPHYLOCOCCAL INFECTIONS

At a meeting of the Medical Society of London on December 11th, with Sir JOHN THOMSON-WALKER in the chair, Mr. CLAUDE FRANKAU opened a discussion on staphylococcic infections.

He said that from the surgical point of view the general effects of the staphylococcus in an infected area were constant and characteristic—a tendency to produce thrombosis of the blood vessels and lymphatics and necrosis of the tissues infected. The blockage of the lymphatics ensured that the lesion was defined; there was little or no tendency for spread to occur by the lymphatics in these infections. In these ways the organism differed markedly from the streptococcus. He confined his remarks to two types of infection—namely, the carbuncle and perinephric abscess. He made no excuse for giving a definition of a carbuncle, because textbook definitions were

memory remained almost perfect to the last. His devoted wife, formerly Miss Ada Bourne, predeceased him by eighteen months. A great man, a very great man, has gone to his long rest—a rest which he earnestly desired and for which he patiently waited. William Whitla has not lived in vain.

Sir THOMAS HOUSTON, M.D., writes:

Although for a number of years Sir William Whitla, owing to failing health and increasing infirmity, had ceased to take any part in public affairs or in professional work, yet the announcement of his death, which took place on the morning of December 11th at his residence, Lennoxvale, Belfast, was received with the deepest sorrow by every section of the community, but especially by his professional brethren. It was felt that Ulster had lost an outstanding figure, whose lifework as a physician, a writer, and a philanthropist had made for him a name greatly honoured, not only in the province, but also throughout the medical world.

Sir William Whitla was a man of tireless energy, and had many activities apart from his medical work. Thus he took a prominent part in religious and philanthropic work, was very interested in literature, and was an ardent student of Shakespeare. In politics he was a strong Unionist, and he represented the University in the Imperial Parliament. His beautiful house at Lennoxvale, where he delighted to entertain his friends, contained a valuable collection of pictures and other works of art. His career as physician and teacher made him the recognized leader of the profession in Ulster, and when the British Medical Association met in Ulster in 1909 he was unanimously chosen as its president. Sir William was widely known as an author, and his medical books served a useful purpose and were greatly in demand. They were compilations rather than treatises, and he was one of the first to introduce the dictionary form of book into medical literature.

In private life Sir William was an interesting personality; his hospitality was unbounded, and he was a fascinating host. He had a most retentive memory, and was a dramatic storyteller. If he had not been a distinguished physician he might have been a great actor. He was a man of strong likes and dislikes, and detested meanness. When he was president of the Medical Benevolent Society with his characteristic energy he visited every medical practitioner in Belfast and the neighbourhood to increase the income of the society, and I can well remember his scathing remarks on some of the rich members of the profession who failed to respond to his appeal. Generosity, both in private and in public matters, was a striking trait of his character, and his name will ever be honoured in Ulster for his gift to the profession of the Medical Institute, built, he told me, out of the proceeds of his *Materia Medica*. Hereafter it will fitly be known as the "Whitla" Medical Institute.

ἦν γάρ παρῆ φιλανθρωπίη πάρεστι και φιλοτεχνιη.

The following well-known foreign medical men have recently died: Professor MAX ZONDEK, the Berlin urologist, aged 65; Professor JOSEPH IMRE, the Budapest ophthalmologist; Dr. WALTER GROSS, professor of general pathology and morbid anatomy, and director of the pathological institute at the University of Münster, aged 55; Dr. ARTUR ALGAR, a prominent dermatologist of Vienna, aged 67; Dr. AUGUSTE RICKLI, head of the Swiss Red Cross, aged 70; Dr. JOHANN J. JÖRGER, honorary member of the Swiss Society for Psychiatry, aged 72; Dr. WILHELM PRAUSNITZ, emeritus professor of hygiene at Graz, aged 72; Professor EDMUND FORSTER, director of the university nerve clinic at Greifswald, aged 55; and Dr. G. LEMIÈRE, honorary professor at the Lille faculty of medicine.

Universities and Colleges

UNIVERSITY OF OXFORD

At a congregation held on December 16th the following medical degrees were conferred:

M.D.—W. H. McMenemey.

M.B.—G. E. Scott, J. A. E. Scott, J. W. Litchfield, G. E. Godber, E. Starling, J. E. M. Ayoub, J. P. Child, P. J. W. Milligan, W. F. de C. Veale, the Hon. Mrs. Margaret Augusta Jennings.

UNIVERSITY OF CAMBRIDGE

The Appointments Committee of the Faculty of Biology "B" will shortly proceed to appoint a University Demonstrator in Pathology, the duties to commence on July 1st, 1934. Particulars may be obtained from Professor Dean at the Department of Pathology (Tennis Court Road, Cambridge), to whom applications should be sent by February 1st.

Amy Gertrude Dauncey, M.B., B.Chir., of Newnham College, has been approved by the M.D. Committee for the degree of Doctor of Medicine, in absence.

UNIVERSITY OF LONDON

Professor C. G. Seligman, M.D., F.R.S., has been appointed representative at the first session of the International Congress of Anthropological and Ethnological Sciences, to be held in London from July 30th to August 4th, 1934.

Mr. W. R. Moule, B.A., has been appointed secretary of the Board of the Faculty of Medicine.

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE AND ROSS INSTITUTE

The Court and the Senate of the University have expressed their satisfaction at the agreement which has been entered into between the London School of Hygiene and Tropical Medicine and the Ross Institute, referred to in the following resolution which the Court of Governors of the school passed at the meeting of the Court on November 17th:

> The Court congratulates the Board of Management upon the outcome of the negotiations with the Ross Institute, and expresses its entire approval of the proposed scheme of amalgamation. The Court recognizes that the amalgamation will remove from the public mind a sense of overlapping and confusion in the aims and appeals for support of the two institutions, that a proper and permanent home for a memorial to Sir Ronald Ross will be found in the London School, that the work of the school in relation to tropical hygiene will be greatly strengthened by the transfer of the Ross Institute, and that generally the agreement has been well conceived in the public interest. The Court associates itself with the Board's expression of thanks to the Seamen's Hospital Society for the friendly and helpful spirit in which they have facilitated the execution of the agreement by establishing a Ross Ward in the Hospital for Tropical Diseases.

An extraordinary general meeting of the Ross Institute was held on November 27th, at which the decision to amalgamate was carried unanimously.

LECTURES

A course of three lectures on "The Role of the Liver in the Metabolism of Carbohydrate and Fat" will be given by Professor C. H. Best, University of Toronto, at University College on January 11th, 15th, and 18th, 1934, at 5.30 p.m. At the first lecture the chair will be taken by Professor C. A. Lovatt Evans, F.R.S. Admission free, without ticket.

A course of three lectures on "The Surgery of the Nervous System, with Reference to the Use and the Elucidation of Physiological Phenomena," will be given by Professor J. R. Learmonth, University of Aberdeen, at St. Bartholomew's Hospital Medical College, on January 9th, 10th, and 11th, 1934, at 5.30 p.m. At the first lecture the chair will be taken by Sir Holburt J. Waring, P.R.C.S. Admission free.

The following candidates have been approved at the examination indicated:

THIRD M.B., B.S.—*‡E. G. L. Bywaters, *†‖Dorothy J. Healey, *†W. Mushin, *§A. K. Price, *§‖G. Qvist (University Medal), *‖E. B. Rotherham, H. Agar, D. A. Andersen, H. G. E. Arthure, A. Barber, Jessie G. Belilios, L. J. Bevnon, M. L. Bynoe, G. T. W. Cashell, R. F. M. Child, R. H. P. Clark, R. D. Clay, C. P. Collins, Dorothy C. J. Cookson, D. R. Crabb, S. W. Croome, J. R. Crumbie, Hilda M. S. Davidson, D. O. Davies, E. J. Dennison, A. D'Souza, G. E. Dunkerley, Mary Evans, S. T. Falla, H. F. M. Finzel, H. C. Fletcher-Jones, T. A. Gavin, W. F. T. George, G. H. Gibbens, R. G. B. Gilbert, V. Glass, H. Goldfarb, Nora J. Gould, Phyllis N. Greene, G. J. Griffiths, J. Grocott, H. W. Hall, H. A. R. Hamilton, E. H. C. Harper, R. V. Harris,

J. Howkins, W. A. Hyslop, Maisie F. James, Elsie E. Johnson, W. B. Johnston, A. B. King, H. Kirman, Janet Y. Laidlaw, R. A. Q. Lay, M. Lee, J. T. R. Lewis, R. I. Lewis, R. G. Macfarlane, Catherine B. Mackinlay, J. D. Macleod, G. W. May, R. J. G. Morrison, Irene P. Murray, T. S. Nicol, H. E. S. Pearson, E. S. Pope, F. W. Roberts, J. B. Robinson, Christine M. Rooke, Mary Scouloudi, M. Shun-Shin, S. F. Smith, Cicely Steer, G. H. Stuart, S. C. Suggit, I. Taylor, W. N. P. Wakeley, Violet H. Whapham, P. R. Wheatley, J. C. Winteler, R. B. D. Wright. *Group I:* Mary A. C. Adams, E. R. Bennion, Jean W. D. Calman, P. E. Dipple, R. J. K. Fleming, J. M. Flower, J. C. Harvey, Alice M. Head, Alice M. Kaye, Gwendoline D. Knight, H. B. Lee, A. R. V. Patel, G. Phipps, Silvia W. Pyddoke, V. B. Reckitt, Margaret H. Scott, R. Shackman, M. G. Stratford, B A. Thomas, Fanny D. Wride. *Group II:* R. M. H. Anning, T. A. Baldwin, V. H. Barnett, Mary A. M. Bigby, C. F. R. Briggs, E. N. Brockway, R. H. Carpenter, B. S. Carter, J. A. Chivers, C. F. Critchley, O. G. Edholm, K. W. Hardy, S. T. Hayward, H. C. Hugh, Elizabeth M. James, Ng Kong Kai, F. R. Kilpatrick, J. A. W. Miller, P. H. Nankivell, H. E. Offord, Doris E. Oxford, R. B. Peckham, E. Pereira, H. Royle, B. F. B. Russell, J. V. Shemilt, G. J. Sophian, W. P. Stamm, T. P. Thamotheram, A. S. Thorley, G. L. Timms, Kathleen M. Webster.

* Honours. † Distinguished in medicine. ‡ Distinguished in pathology. § Distinguished in surgery. ‖ Distinguished in obstetrics and gynaecology.

UNIVERSITY OF EDINBURGH

A graduation ceremonial was held in the Upper Library Hall on December 15th, when the following degrees and diplomas were conferred:

M.D.—D. S. Cherry, ‡W. S. M. Craig, E. J. C. Hewitt, Pauline Klenerman, *J. M'Michael, M. Melvin, J. D. W. Pearce, ‡R. B. Phillips, H. R. Stubbins, †W. A. R. Thomson.

PH.D. (*Faculty of Medicine*).—Ethel T. Stoneman.

M.B., CH.B.—C. C. Barker, J. G. Bate, R. D. Bell, W. T. Black, Rosebery T. Bokwe, E. D. Caldwell, J. L. Carmichael, R. Carmichael, A. H. C. Carter, Chin Tiong Chia, H. M. Clark, H. Cohen, W. H. Derham, N. V. M. Dodds, J. A. Falconer, L. L. Freeman, H. G. Gibson, H. C. Hingst, C. L. Joseph, E. D. T. Lewis, R. S. B. M'Clean, S. K. Mangal, G. E. Menzies, H. Myers, R. W. Morrison, T. D. Paton, G. R. Pile, T. F. Quin, D. A. H. Robson, C. S. Sandeman, L. Schapiro, J. Stark, D. V. Summers, P. W. Tait, P. Taylor, G. Watt, Katharine H. Welsh, J. W. O. Will, C. M. Wilson.

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

ROYAL COLLEGE OF SURGEONS OF ENGLAND

An ordinary council meeting was held on December 14th, when the president Sir Holburt Waring, was in the chair.

A resolution of condolence was passed on the death of Mr. R. P. Rowlands, a member of the council, and formerly a vice-president of the College.

Diplomas of Membership were granted to H. V. Corbett, J. F. Galloway, and A. V. House.

Diplomas of Fellowship were granted to the following forty-two candidates:

A. C. Lysaght, G. J. O. Bridgeman, E. J. Greenwood, G. S. Ferraby, N. T. H. Schafer, Muriel S. Hulke, P. H. L. Playfair, A. S. Rajasingham, J. A. White, E. E. Lewis, A. H. Baker, G. N. Bailey, F. H. H. Finlaison, K. K. Dalal, V. H. Riddell, H. E. Harding, R. J. V. Battle, L. P. J. Evans, D. L. Lewis, W. McN. Niblock, T. Schrire, J. H. B. Beal, G. W. Causey, B. Gilbert, C. L. Heanley, M. N. Mahmood, R. W. Nevin, R. Barnes, E. S. Lee, W. G. Campbell, T. L. Chapman, G. N. Clark, F. P. Furkert, A. D. Harper, B. T. Keon-Cohen, G. E. Larks, G. J. Lillie, N. J. Logie, C. P. Malley, K. M. Masani, M. P. Reddington, R. V. Rickard.

Licences in Dental Surgery were granted to seventy-four candidates.

Mr. Ernest W. Hey Groves was re-elected a member of the Court of Examiners.

Mr. G. Gordon-Taylor was elected the examiner in anatomy, and Dr. G. A. Buckmaster the examiner in physiology, to conduct a primary examination for the Fellowship at Melbourne, Australia, in November, 1934, and at Dunedin, New Zealand, in December, 1934.

The Council considered the resolution which was carried at the annual meeting of Fellows and Members on November 16th—namely:

> That this forty-fourth annual meeting of Fellows and Members of the Royal College of Surgeons of England reaffirms that 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.

The following reply to the resolution was adopted:

> The Council, having considered the report of the proceedings at the annual meeting of Fellows and Members on November 16th, 1933, is not prepared to reopen the question of altering the constitution of the College

Medical News

In connexion with the vacancy now existing for one of the Epsom College St. Anne's Scholarships, we are asked to state that the regulation regarding age has been amended to read: "That candidates be not less than 9 years of age on July 30th, 1934." The maximum age limit has been abolished. The final date for receiving applications has therefore been extended to January 7th, 1934. The necessary forms are to be obtained from the Secretary, Epsom College Office, 49, Bedford Square, W.C.1.

The house and library of the Royal Society of Medicine will be closed from to-day (Saturday) to Wednesday, December 27th, both days inclusive.

The *American Journal of Cancer* for November, 1933, includes an article on surgical measures facilitating radium implantation (by Dr. George S. Sharp of Pasadena), and one on radiation therapy in skin cancer (by Dr. Hayes E. Martin of New York).

The December issue of the *British Journal of Physical Medicine* is largely devoted to the consideration of short-wave therapy. Dr. Franz Nagelschmidt discusses diathermy, short diathermy, and ultra-diathermy, each of which he maintains has its own special sphere of utility. Dr. T. Reiter records some personal investigations of the properties of short waves, and indicates how it has now become possible to employ for therapeutic purposes the induction of a graduated artificial inflammation, which can be concentrated in any part of the body at any depth required. In an editorial certain difficulties in regard to nomenclature are considered, and the view is expressed that an outstanding discovery has been made in physical medicine by rendering these rays available for therapeutic use. Articles on the same subject were also published in the September and November issues of that journal.

The West African Medical Staff List for November, 1933, has just been issued, and copies may be obtained from the Crown Agents for the Colonies, 4, Millbank, Westminster, S.W.1.

The King has granted Dr. R. St. A. Heathcote, lecturer in the University of Wales, authority to wear the Insignia of the Third Class of the Order of the Nile, conferred upon him by the King of Egypt, in recognition of valuable services rendered by him as Professor of Pharmacology in the Egyptian Faculty of Medicine.

The committee of the Nurses Fund for Nurses is in urgent need of help to supplement with a few shillings a week the tiny income of old nurses living alone in cheap rooms and unable to afford proper food and warmth. A report will be sent on application to the secretary of the fund at 95, Dean Street, W.1.

On Wednesday, January 17th, at 2.30 p.m., a practical demonstration of a variety of contraceptic methods will be given at the Constructive Birth Control Clinic, 108, Whitfield Street, Tottenham Court Road, W.1. Those attending will be enabled to practise on differing patients the use of various devices. Application for tickets (which will be supplied to medical practitioners only) should be made in writing to the honorary secretary, at the above address.

A resolution confirming the amalgamation of the Ross Institute with the London School of Hygiene and Tropical Medicine was passed unanimously at a meeting of the members of the Ross Institute on November 27th.

The following German professors have resigned their appointments: Professor P. Wohlwill, professor of surgery at Hamburg; and Professor F. Janssen, professor of surgery, and Professor P. Neukirch, professor of internal medicine, at Düsseldorf.

Dr. A. B. Williamson has been appointed medical officer of health and chief advisory medical officer to Portsmouth Corporation, in succession to Dr. Mearns Fraser.