

AETIOLOGICAL PROBLEMS OF CANCER AND TUBERCULOSIS

On October 4, 5, and 7, at the London School of Hygiene and Tropical Medicine, Dr. GEORG WOLFF of Berlin delivered three university lectures on aetiological problems of tuberculosis and cancer. In the first two lectures Dr. Wolff traced the medical-statistical history of mortality from tuberculosis, indicating the more important sources of data and their defects. He enumerated the several aetiological factors, such as extent of infection, racial or individual constitution, environmental conditions, and illustrated various statistical methods of evaluation. He concluded that environmental factors have been not the sole but the principal factor of declining mortality, above all a higher general standard of nutrition, and that in improving that part of the environment which, unlike climate, is amenable to human control, future declines of mortality may be effected.

In the third lecture Dr. Wolff dealt mainly with the supposed racial factor in the aetiology of cancer. He first showed the results of a full analysis of the rates of mortality of Jews and non-Jews in Berlin. These data, the first yet obtained in Germany in which the information was sufficiently complete to admit of the calculation of rates of mortality at ages and for sites, show that on the whole the rate of mortality from malignant disease among the Jews was rather below that of the general population, but the two rates were tending to approximate. Thus standardized rates (the census population of Germany in 1910 was used as the standard population) in 1924-6 were, for Jews, males 8.5, females 11.7 per 100,000; for the general population of Berlin 10.4 and 12.6. In 1932-4 the corresponding rates were 9.2 and 11.4 for Jews, 10.2 and 11.9 for the general population. The localization of malignant disease differed between the two groups. In Jews malignant disease of the lower part of the digestive canal was more frequent and of the upper part less frequent than in the general population. Jewesses suffered less from cancer of the uterus and more from cancer of the breast than the general population of women.

Dr. Wolff called attention to the necessary ambiguity of many results, since they might be interpreted either as racial or environmental. He referred to work which has been done on such problems as the effect of circumcision in lessening the liability to malignant disease, and pointed out that one had here a wide field for useful research in which clinical, experimental, and statistical methods might be used in co-operation.

At the meeting of the Society of Public Analysts and Other Analytical Chemists, held on October 6, with the president, Dr. G. ROCHE LYNCH, in the chair, a paper on "Fluorine in Food Products" was read by Mr. H. C. LOCKWOOD. He said that the fluorine in various food products had been separated by distillation at 135° to 150° C. in an apparatus containing glass wool and sulphuric acid, and determined by means of a zirconium and alizarin reagent. The amounts found in many substances such as biscuit, gelatin, flour, glucose, cocoa, and egg-yolk were *nil* or insignificant (0.5 to 2 parts per million), but the observation of Reid, that tea contained appreciable amounts of fluorine, had been confirmed. Thus, China tea contained 40 and Indian tea 60 parts per million. Approximately 75 per cent. of the total fluorine present would be found in an infusion made with tea.

A proposal is on foot to issue a public appeal in South Africa for £100,000 to establish a Cancer Research Institute at Johannesburg as a memorial to King George V. The Union Government will be asked to contribute £50,000.

Local News

INDIA

Progress in Public Health

In his report for 1935 Colonel A. J. H. Russell, I.M.S., Public Health Commissioner with the Government of India, calls attention to various sociological and health problems which cannot be overlooked even in a year which was "if anything rather less unhealthy than usual." The population is still increasing steadily in British India, the birth rate having remained fairly stationary since the beginning of the century, while the death rate has been decreasing for all age groups except for that of 60 years and upwards. It is estimated that in the absence of abnormal epidemics or famine conditions the population of India will approximate 400 millions when the next census is taken in 1941.

CHIEF DISEASES

Plague has steadily declined, but this is not attributed to permanent improvement in sanitary standards, housing and other conditions favourable to the rat population being generally much the same as when this disease first made its appearance in Bombay forty years ago. It is suggested that there has been an increased immunity among rats in places where there have been repeated epidemics, that the incidence of disease among them has consequently fallen, and that the human population has therefore been less infected. The type of plague has been almost entirely bubonic, the pneumonic form being rare and very restricted. Climatic influences are thought to act through their effect on the total flea prevalence, the length of the life of the flea, and the production of Bacot's "blocking phenomenon" in relation to these two factors. In 1935 the mortality rate from this disease was only 32,000, as compared with previous annual rates approximating half a million. Small-pox epidemics were more marked than in the four previous years; the Deccan and the plain of the Ganges were the most seriously affected. In the Bombay Presidency the incidence was the highest since 1930, and urban death rates were, as usual, generally much higher than the rural ones. Colonel Russell points out that only very rarely are vaccinated persons attacked, but that the occurrence of relatively free years induces a measure of carelessness as regards vaccination among the general Indian public, which in due time results in epidemics among the unprotected. Vaccination work is also handicapped by defective health organizations in some of the provinces, where supervision is either inadequate or perfunctory and reporting of outbreaks of small-pox is delayed. Registration of births is unsatisfactory still, and Colonel Russell emphasizes the desirability of employing female vaccinators for work among women and children and the more careful supervision of the vaccinators already at work in some districts. It is suggested that the disease now prevalent in India is less virulent than it was formerly. The rise in the cholera mortality curve noted during 1933 and 1934 continued during 1935, but the peak did not approach that commonly in evidence before 1921. Rural areas suffered more severely than urban, but there was always clear evidence of the close relation between outbreaks of disease and faulty water supplies and general sanitation. Colonel Russell adds that inoculation with cholera vaccine still remains the most effective method of personal prophylaxis. Cholera-phage was effective in certain areas, and in the Muzaffarpur and Purnea districts, where full statistical details were obtained, it was shown to cut short the course of prevailing epidemics provided that immediate steps were taken to deal with the whole population. Both as a curative and as a prophylactic measure cholera-phage achieved

very good results. Colonel Russell insists that more attention must be paid to malnutrition, wherever prevalent, if more rapid advances are to be made in stemming the ravages of malaria, tuberculosis, leprosy, and infant and maternal mortality. This involves closer co-operation between nutritional research workers and food producers, more practical realization of the valuable discoveries of Sir Robert McCarrison, and more attention to the large proportion of the population of India which is still under-nourished. Tuberculosis has been increasing during the last three decades in towns, and is now spreading to the rural villages, where the more primitive races are beginning to suffer severely. It has been stated that the district of Darjeeling, which is mainly rural and by no means industrialized, has a tuberculosis death rate second only to Calcutta city in the whole Province of Bengal. Colonel Russell points out that if this is verified the position demands immediate attention, although effective prophylactic work will necessitate the surveying of large areas from many points of view. The bovine bacillus seems to be still rare in India, very few cattle being infected and milk being almost invariably boiled before use.

RESEARCH

One of the twelve sections of the report is devoted to research throughout India in the various institutes and hospitals, special attention being given to the work of the Indian Research Fund Association. Many investigations in 1935 were financed by or carried out in other ways under the auspices of this body. Field inquiries into cholera, malaria, and plague are yielding information which is being published in various periodicals as it is obtained. Mention may also be made of a nutritional research at Coonoor, including a survey of Indian food-stuffs and the examination of children in famine camps, schools, and hostels, and a dietary research by the Bombay Presidency Baby and Health Week Association. In several centres postgraduate teaching is associated usefully with the research work. The office of the Public Health Commissioner continues to act as the epidemiological bureau of the Government of India, and weekly and monthly statements are issued. Close touch is maintained with other comparable organizations elsewhere in the world, and study tours are arranged as well as visits of delegates to international conferences.

All-India Institute of Hygiene

Progress is reported in 1936 in the work of the All-India Institute of Hygiene and Public Health, Calcutta, in its dual functions as a centre for advanced studies in public health and as a research organization. There is an increasing demand for teaching in public health, and the accommodation for pupils was taxed to its uttermost, some applications having to be refused on account of lack of space. Private practitioners still form the bulk of these students at present, but it is hoped that with the new Indian Constitution there will be a greater demand for trained public health officials in connexion with the launching of new health programmes and the formulation of new schemes, particularly in rural areas. The importance of practical education is being increasingly stressed, the example of the Balkan States being more closely followed in this respect, since it is difficult in India for the young public health officer to obtain an appointment under an experienced senior before responsibilities fall heavily upon him. Among the researches being continued is the investigation into the causation of cholera epidemics. As regards the basal metabolism of Indian children, it has been shown that the number of calories required by children in India is no less than in European children. This is of practical significance in the task of making a nutritional survey of India and the fixing of dietary standards and calorie requirements. The results of biochemical studies of human blackwater fever cases were in keeping with the results obtained in investigations into malarial haemoglobinuria in monkeys. A detailed and

systematic programme of research into the part played by the endocrine glands in blackwater fever is now in progress. In tuberculosis allergic phenomena appear to be more prominent than in Europe, and a special effort is being made to discover why there is this biological difference between the European and Indian races. The elucidation of this problem will probably lead to a more accurate assessment of the prognosis and the right lines of treatment. A maternal mortality inquiry revealed the importance of anaemia as a contributing factor in deaths due to sepsis; it was the sole cause of death in 18.6 per cent. of the 300 cases investigated. The maternal and child welfare section of the Institute was maintained during the year under review by the Countess of Dufferin Fund. The inquiry into the chief causes of death associated with childbirth is continuing.

ENGLAND AND WALES

Health Problems of Newcastle

The annual report of the medical officer of health for the city and county of Newcastle-upon-Tyne contains some interesting vital statistics. The birth rate for the year 1936 of 15.6 per 1,000, while comparing favourably with the rates for England and Wales as a whole and for the 122 great towns, is the lowest yet recorded in Newcastle, where the rate was 31.9 as recently as thirty years ago. The report records with regret a maternal mortality rate of 5.92—a figure 50 per cent. higher than the national figure, and the highest in the annals of the city. No attempt is made to attribute this entirely to the evils of overcrowding and poverty, and an inquiry is foreshadowed to discover a possible deficiency in hospital arrangements, medical and midwifery practice, or central direction. The infantile mortality rate of 90 per 1,000 shows an increase over the figures of 83 and 86 for the two preceding years, and contrasts even more unfavourably with the national rate of 59. In this case, however, there was an exceptional cause. Several outbreaks of infective enteritis, both domiciliary and institutional, occurred during the year, and there were 105 deaths among children under 2 years. A special investigation of neo-natal mortality has shown that deaths in the first month of life are more frequent in hospitals than at home. The scope of the inquiry was confined to children born of normal labours. The evidence appeared strongly to suggest that overcrowded maternity wards and inferior maternity hospital accommodation were contributory causes of neo-natal mortality. Plans have been prepared for a new maternity hospital of 140 beds, and also for replacing the present accommodation at the Newcastle General Hospital by a modern unit with thirty beds. The general death rate for the city—13.1 per 1,000—shows a slight increase. Cancer continues to be second among individual causes of death, and for the first time a detailed inquiry has been made into deaths from this disease in Newcastle. It was found that in 11 per cent. of cases there had been delay in seeking medical advice; that in one case in ten diagnosis was delayed by the necessity for further investigation; and that one-third of the cases proved to be completely resistant to every form of treatment, even when promptly and efficiently applied after early diagnosis. In the majority of cases diagnosis was rapid and admission to hospital without delay. Facilities for deep x-ray therapy were not wholly adequate. As a result the Schools and Charities Committee of the corporation proposes to establish and maintain a special department for this purpose at the Newcastle General Hospital, to be completed in 1938. Among zymotic diseases, diphtheria shows a record incidence of 693 cases, although large numbers of children have been protected by immunization. There were fifty-three cases of bacillary dysentery, in which the diagnosis was bacteriologically confirmed. This figure, though high,

is an improvement on that of the previous year. Most of the cases were sporadic, but there were two outbreaks in institutions. There were seven deaths. The whole report makes rather sad reading, but it must be remembered that not only is Newcastle one of the most densely overcrowded areas in the kingdom, but also that the city and district suffered very severely from the economic depression. The health authorities have therefore to face an uphill task.

Harrogate New Baths

The ceremony of laying the foundation stone of the New Royal Baths at Harrogate was performed by Sir Kingsley Wood, the Minister of Health, on October 6. In the presence of a large and representative audience the Mayor welcomed the Minister, and reminded his audience that the first step in the spa development scheme had been taken four years ago when the new sun colonnade in the Valley Gardens was opened by Lord Horder. These new baths were a further instalment of the development. After the stone had been laid by Sir Kingsley Wood and dedicated by the Bishop of Ripon, the president of the Harrogate Medical Society (Dr. Sinclair Miller) conveyed to them the thanks of the town for the services they had rendered and coupled the name of Lord Horder with the resolution. Sir Kingsley Wood, in responding, expressed his admiration of Harrogate and the great benefit he had derived from its waters on many occasions. He referred to the enormous industrial waste and invalidity caused by chronic rheumatic affections, and made reference to the valuable research work that was being done in the rheumatic research department of the Harrogate Royal Bath Hospital in conjunction with the Leeds University in elucidating the causes of rheumatism and in the advancement of treatment. Lord Horder, likewise responding, said he was pleased to be present at the ceremony as it gave him an opportunity of showing his belief in Harrogate and its waters. He had great faith in the potential benefits of Harrogate to mankind.

Further Great Gifts to Oxford

Lord Nuffield has announced his intention to give £300,000 to the Radcliffe Infirmary, Oxford. This is his second large donation to the hospital, to which he had already given £150,000. The latest gift will form an endowment fund, the income from which will go towards raising the standard of the services. Mr. W. M. Goodenough, president of the Oxford and District Joint Hospitals Board, said on October 8 that when Lord Nuffield made his great benefaction to the University Medical School and founded the Nuffield Trust he had in mind not only the development of medical research and teaching in the University of Oxford, but also of the local hospital provision, where they might aim at services which would, in time, perhaps serve as a model of their kind.

As we go to press it is announced that Lord Nuffield has offered the University of Oxford £1,000,000 (including a building site valued at £100,000) for the building and endowment of a new graduate college to be devoted to the collaboration, particularly in social studies, of scholars and of practical experts. This new college will—to quote from Lord Nuffield's letter to the Vice-Chancellor—"foster co-operation not only between the scholar and the man of affairs working in the same field, but also between the workers in different fields." Two further gifts by Lord Nuffield to Oxford were announced at the same time. They are £100,000 for the erection and endowment of a new laboratory of physical chemistry, and £200,000 for the erection of buildings at hospitals associated with the medical research scheme endowed by him last year.

Work of a Medical Charity

At the last quarterly court of the directors of the Society for Relief of Widows and Orphans of Medical Men, with Dr. C. Kempster, vice-president, in the chair,

the audited accounts for the half-year ended June 30 were presented. During this period a sum of £2,195 was distributed among the sixty widows and nine orphans in receipt of relief. Special grants amounting to £52 10s. were made to enable two orphans to continue medical studies. The death of a widow, who had been in receipt of grants for the past nine years, was reported. She had received in grants £630, and in addition £262 10s. to assist her to pay for the medical education of her son, who has now qualified. Owing to the increase in the number in receipt of grants the directors regret that there will not be sufficient funds available to make the widows a Christmas present this year, but each orphan will receive £5. Of the sixty widows on the books, two are over 90, five over 80, and nine over 75. The question of celebrating the one hundred and fiftieth anniversary of the foundation of the society next year was mentioned, and it will most probably take the form of a dinner. The question will be fully discussed at the January meeting of the court. Membership of the society is open to any registered medical man who at the time of his election is residing within a twenty-mile radius of Charing Cross. Full particulars may be obtained from the secretary at 11, Chandos Street, Cavendish Square, W.1.

SCOTLAND

Health of Glasgow

The annual report of Dr. A. S. M. Macgregor, medical officer of health for Glasgow, states that the general death rate for the city during 1936 was 14.5 per 1,000 of the population, as against 13.8 in 1935; the lowest death rate on record was 13.4 for 1933. The increase was attributable to epidemics of measles and influenza and the prevalence of diarrhoeal disease in young children. The two chief features of the vital statistics of recent years had been the falling death rate and the falling birth rate. When the Glasgow death rate was analysed it was found that the greatest saving of life had been effected at the younger ages, chiefly between 2 and 5 years. Comparing the deaths at these ages in the year 1900, four children had died in that year for each one who died in 1936, and going back to 1870 the proportion had been seven to one. The infantile mortality for the year 1936 was 109 per 1,000 births, this figure being the highest with one exception since 1924. Compared with the other large Scottish cities it was relatively high, the figure for Edinburgh being 68, for Aberdeen 70, and for Dundee 81. Scarlet fever had been responsible for 54 deaths, an unusually low figure, measles for 311, and whooping-cough for 117. There had been an unusual outbreak of paratyphoid fever, with a total of 200 reported cases and six deaths. It occurred in the early months of the year and no definite cause had been assigned to it; there had probably been many more mild and undetected cases. There had also been a considerable prevalence of dysenteric and diarrhoeal affections, mostly in young children and mainly in the poorer quarters of the city, and this had been the chief cause of the rise in infantile mortality. It had been broadly related to housing and to maternal efficiency, and investigation showed that it was definitely graded throughout the various housing schemes, from a low rate in rehoused areas to its highest rate in slum areas. The report regrets that building difficulties have slowed up the rate of closing unfit houses.

Honyman-Gillespie Lectures

A series of eight postgraduate lectures, which are open free to all medical practitioners, will be delivered in the Royal Infirmary of Edinburgh this autumn under a grant received from the Honyman-Gillespie Trust. The lectures are connected with an eight-weeks course on internal medicine, in which different sections of medicine are

dealt with by the various members of the staff of the Royal Infirmary in successive weeks. The course is mainly clinical, with the addition of demonstrations in instrumental methods, morbid anatomy, bacteriology, radiology, dietetics, and physiotherapy as connected with the different sections of the course. The Honyman-Gillespie lectures will be delivered in the West Medical Theatre of the Royal Infirmary on Thursdays during the course at 5 o'clock, and the names of the lecturers and titles of the lectures are as follows: October 21, Professor W. T. Ritchie, "Disordered Circulation of the Interstitial Fluid"; October 28, Dr. Edwin Bramwell, "The Pupil Reactions"; November 4, Professor D. K. Henderson, "Suicide"; November 11, Dr. Fergus Hewat, "The Lungs and Pleura"; November 18, Dr. John D. Comrie, "Diet and Dyspepsia"; November 25, Professor D. M. Lyon, "The Importance of Urinary Reactions in Disease and Treatment"; December 2, Dr. John Eason, "Toxic Goitre"; and December 9, Dr. Alexander Goodall, "The Management of Pernicious Anaemia."

Pathology and Clinical Medicine

Professor J. S. Young, M.D., recently appointed to the chair of pathology at Aberdeen University, delivered his inaugural lecture on "Pathology: The Political Economy of the Human Body" on October 5, Principal J. H. Fyfe presiding. Professor Young said he had had the advantage of teaching pathology in a new institute of pathology at Belfast, which was situated in the grounds of the hospital, and in Aberdeen a new department of pathology was in process of erection within the gates of the Royal Infirmary. It would share a floor with the department of medicine, while the sister subjects of bacteriology, clinical chemistry, materia medica, surgery, and midwifery would be accommodated under the same roof. This policy of centralization in immediate contact with the hospital was advantageous to students, teachers, and the public alike.

Correspondence

Treatment of Cancer of the Breast

SIR,—Mr. Geoffrey Keynes, in his article in the *Journal* of October 2, admits the need for further pathological investigations in breast cancer, and appears to have accepted the revolutionary conclusions of Mr. J. H. Gray as a guide to practice. It is therefore important to point out that Mr. Gray has only issued an interim report of his work. It has not been published in such a form that it can be subjected to the usual processes of criticism. He has made a series of statements, which have received the *imprimatur* of the Cancer Research Committee of St. Bartholomew's Hospital and the approval of Mr. Keynes, but for which the evidence is still to seek.

Mr. Gray denies the presence of lymphatic vessels in the papillae of the skin and in the fasciae, apparently entirely on the ground that thorotrast injection fails to demonstrate these vessels. On similar evidence it would be easy to disprove the existence of Mecca, simply by making an unsuccessful attempt to reach that city and by a refusal to read the works of previous travellers who have succeeded. Ranvier demonstrated the papillary lymphatics of the skin of the rat's ear many years ago. Hyrtl injected the human papillary lymphatics, and his specimen remains in University College Museum to this day. As to the lymphatics of the fasciae, it may be observed that Heidenhain in twelve out of eighteen cases of breast cancer found cancerous lymphatics running from the

breast to the pectoral fascia. From his observations he concluded that cancer generally advanced along these vessels and along those of the pectoral lymphatic plexus by a process of continuous growth, less often by embolism. This was in 1889. After he has reached this stage of the subject I may refer Mr. Gray to the work of Langhans and Stiles and to my own books.

I am delighted that Mr. Gray has devoted himself to a study of lymphatic anatomy and that he has found a new and ingenious method of approaching the subject. But when on such flimsy evidence he denies the spread of breast cancer by permeation in the deep fascia—one of the best-established facts in pathology—it is necessary to state plainly that such views are a menace to the effective treatment of the disease, whether by surgery or by radiation. Their adoption would soon lead back to the days when local recurrence after operation was the rule.

Further investigations on the dissemination of cancer of the breast are no doubt desirable, as Mr. Keynes rightly says. Meantime the results of those already made may be commended as a subject of study within the walls of St. Bartholomew's.—I am, etc.,

London, W.1, Oct. 7.

W. SAMPSON HANDLEY.

The Scope of Orthopaedic Surgery

SIR,—Mr. S. E. Duff asks for a ruling on the limits of orthopaedic surgery (*Journal*, October 9, p. 726). There is no better definition of the field of orthopaedic surgery than the one which was ultimately adopted by Sir Robert Jones—"the treatment by manipulation, operation, re-education, and rehabilitation of the injuries and diseases of the locomotor system." All the conditions included in Mr. Duff's list of cases form part of the routine practice of modern orthopaedic surgery. Orthopaedic surgery, however, is not a specialty divorced from surgery as a whole; it remains an integral part of "general surgery." It thus follows that the general surgeon has an undisputed right to treat, *if he so desires*, any of the cases in Mr. Duff's list referred to him in hospital or private practice.—I am, etc.,

Manchester, Oct. 11.

HARRY PLATT.

Elongation and Dilatation of the Colon

SIR,—In the *Journal* of July 24 (p. 154) Professor J. R. Learmonth, in a paper dealing with the elongation and dilatation of the colon, states in his section on the treatment of megacolon:

"Of the many technical procedures suggested by far the most eclectic is that devised by Telford and Stopford (1934), and I consider that it should be employed exclusively. It consists in the resection of the mesially directed branches of the lumbar ganglia from the second to the fourth inclusive, and avoids the paralysis of the vasoconstrictor nerves to the legs which follows the (equally efficacious) removal of the lumbar cords, and the sterility which follows resection of the presacral nerve in male patients."

I would suggest to Professor Learmonth that this identical proceeding was suggested by Mr. H. C. Trumble, one of our Baker Institute workers, and carried out successfully on four patients as early as 1931. In dealing with the question of sympathectomy of the distal colon in the treatment of Hirschsprung's disease Mr. Trumble states: "The simplest way to do this is to divide the lumbar splanchnic nerves just proximal to the inferior mesenteric ganglion." Five patients were operated on, but, in addition to the above operation, on the first patient only the left sympathetic trunk was cut (*Med. J. Austral.*,

institute for the production of a cattle plague serum, and Sir Horace Pinching, director-general of the Cairo sanitary service, testified to the splendid work which he then did in the face of countless difficulties. For this and other work he received the orders of the Osmanieh and the Medjidieh.

At the Queen's College in Belfast Professor Symmers had duties to perform that anyone less versatile would have found difficult. Not only did he give instruction to medical students in pathology and bacteriology but also in medical jurisprudence, while he was pathologist to two large general hospitals, the Royal Victoria and the Mater Infirmorum, and to several special hospitals. As a witness for the Crown in criminal cases Professor Symmers was unsurpassed; his answers to counsel were always direct and explicit, and he never was flurried no matter how severe the cross-examination. With the establishment of Queen's University, Belfast, in 1908, Professor Symmers brought to the medical faculty a knowledge of academic procedure and of affairs blended with a sane and mellow wisdom, which proved most useful to the new University. For many years as dean of the faculty he presided at its meetings, and under his chairmanship business was conducted with dignity and dispatch. In addition to his academic work, Professor Symmers was for many years bacteriologist and pathologist to the city of Belfast.

It was perhaps as an after-dinner speaker and a raconteur that Symmers will be remembered by the public of Belfast. He had a tendency at medical dinners to indulge in gentle raillery at the expense of some of his colleagues, but his humour was without malice. In the midst of his numerous tasks Symmers found time for research, and was a most inspiring chief for his young assistants. He contributed many papers to scientific journals, more especially to the *Journal of Pathology*, the *Journal of Hygiene*, and the *British Medical Journal*. His best-known work was on bilharziasis, and on the pathology and bacteriology of cerebrospinal fever.

Not only in Belfast but in Southern Ireland was Symmers warmly welcomed and entertained. At Trinity College, Dublin, and at the constituent colleges of the National University in Dublin, Cork, and Galway, where he acted as extern examiner, his colleagues enjoyed his visits and the candidates found him fair, with mercy tempering justice. As a lecturer at Queen's University he was not only respected but beloved by his students, who soon discovered that in him they had not only a teacher but a friend. In the medical profession Professor Symmers took a great interest, and was elected President, and later an honorary Fellow, of the Ulster Medical Society. He became a member of the British Medical Association in 1905, being secretary of the Section of Pathology in 1907 at Exeter, and President of the same section in 1909 at Belfast.

W. J. W.

We regret to record the death on September 18 of Dr. JAMES MACPHERSON LAWRIE, the founder of the Weymouth and District Nursing Hospital, Dorset, at the age of 81. After graduating M.B. of Glasgow University in 1881, he held the appointments of house-physician and house-surgeon at the Western Infirmary, Glasgow, and he had also been house-physician at the Royal Infirmary. He proceeded M.D. in 1884. Dr. Lawrie went to Weymouth in 1883, and was at first associated with the late Dr. William Smith at the old Weymouth Sanatorium, of which he took charge two years later. From the start of his medical career he had devoted special interest to gynaecology while conducting a large general medical practice, and he realized quickly the inadequacy in all respects of the old sanatorium which had been built in

1848 and was serving the whole county. He set himself, therefore, to the task of collecting money for the establishment of a larger and much more up-to-date building, and the financial success of the undertaking was eventually secured without interfering with the original endowment fund, £17,000 being collected in a few years. In 1901 the foundation stone of the new building was laid, in 1903 the patients were admitted, and in 1904 all the cost had been met. An annexe for paying patients was added. In 1921 Dr. Lawrie saw the Princess Christian Hospital absorb the old Weymouth Royal Hospital, which had been founded in 1816 as the Weymouth Dispensary, the amalgamated institutions being subsequently known as the Weymouth and District Hospital. Soon afterwards Dr. Lawrie gave up practice in the town and removed to London, but he returned in 1924 to receive the freedom of the borough for his outstanding services to it in many ways. He was appointed a county magistrate in 1889, a member of the first Dorset County Council in 1892, and a Deputy Lieutenant in 1906. He was chairman of the Portland county bench for twenty years, and president of the Melcombe Regis Conservative Association for a quarter of a century. He was for many years a member of the British Medical Association, and in 1906 was president of the Dorset and West Hants Branch. His wife gave him devoted help in his work, and organized and equipped four Red Cross hospitals in the war; she died a few years ago. Dr. Lawrie had also commanded the field ambulance which was equipped at Weymouth, and superintended the organization of the Volunteer Transport Corps. A fluent and convincing speaker, his public influence was very great, and he will long be remembered by large numbers of grateful patients as well as by his colleagues. He was a highly skilled and experienced surgeon.

Universities and Colleges

UNIVERSITY OF OXFORD

The following have been elected to professorial fellowships at Balliol College: Professor J. A. Gunn, M.D., director of the Nuffield Institute of Medical Research; Professor J. H. Burn, M.D., who succeeds Professor Gunn in the chair of pharmacology; and Professor Simon Flexner, M.D., George Eastman visiting professor.

UNIVERSITY OF CAMBRIDGE

During the months of August and September titles of medical degrees were conferred by diploma on the following members of Girton College:

M.B., B.CHIR.—C. E. Peaker.
M.B.—Mrs. R. A. Kellgren.

UNIVERSITY OF LONDON

Lectures

A course of five Heath Clark Lectures on "The Natural History of Population" will be given by Professor Raymond Pearl, professor of biology in the Johns Hopkins University School of Hygiene and Public Health, Baltimore, at the London School of Hygiene and Tropical Medicine, Gower Street, W.C., on October 27 and 28, and November 1, 3, and 4, at 5.30 p.m.

The Semon Lecture on "The Surgical Treatment of Chronic Cicatricial Stenosis of the Larynx" will be given by Dr. E. Schieglow, emeritus professor of oto-laryngology in the University of Copenhagen, at the Royal Society of Medicine, 1, Wimpole Street, W., on Thursday, November 4, at 5 p.m.

A course of three lectures on "Innervation Problems in the Sympathetic System" will be given by Dr. J. Boeke, professor of histology and embryology in the University of Utrecht, at St. Thomas's Hospital Medical School on November 1, 3, and 4, at 5.30 p.m.

A course of three lectures on "Human Pseudo-tuberculosis" will be given by Dr. I. Snapper, professor of general pathology in the University of Amsterdam, at Middlesex Hospital Medical School on November 9, 11, and 12, at 5.30 p.m.

A course of three lectures on "Experience and Perception, Thinking, Feeling" will be given by Professor Edgar Rubin,

professor of experimental psychology in the University of Copenhagen, at Bedford College for Women, Regent's Park, N.W., on November 23, 24, and 26, at 5.15 p.m.

Admission to the above lectures is free, without ticket.

The Fawcett Lecture on "Elizabeth Garrett Anderson, M.D.," will be given by her daughter, Dr. Louisa Garrett Anderson, at Bedford College for Women, Regent's Park, N.W., on November 25, at 5.15 p.m. Admission is free by ticket obtainable on application to the secretary.

The Schorstein Memorial Lecture will be delivered by Professor Arthur Ellis at the London Hospital Medical College on Thursday, October 21, at 4.15 p.m. A postgraduate course for old students will be held from October 20 to 23.

The following appointments to the Faculty of Medical Sciences are announced:

DEPARTMENT OF ANATOMY AND EMBRYOLOGY.—Mr. A. Pollitt, Mr. A. G. M. Weddell, Mr. J. J. Pritchard, and Mr. R. E. Norrish as demonstrators.

DEPARTMENT OF PHYSIOLOGY, PHARMACOLOGY, AND BIOCHEMISTRY.—Dr. L. Young and Mr. D. H. Smyth as lecturers; Dr. A. L. Chute as temporary lecturer; and Dr. J. H. T. Lawton and Dr. H. O. Schild (pharmacology) as demonstrators.

UNIVERSITY OF SHEFFIELD

At a meeting of the University Council, held on October 8, Mrs. Helen Mellanby, B.Sc., Ph.D., was appointed part-time demonstrator for medical and dental students in the Department of Zoology. The Council accepted with regret the resignation of Dr. E. S. Duthie of the post of demonstrator in pathology. Notification was made of a grant of £400 per annum by the Yorkshire Council of the British Empire Cancer Campaign for a research assistant in the Department of Pathology.

The following candidates have been approved at the examination indicated:

FINAL M.B., CH.B.—(*Parts II and III*): R. Cuddeford, N. Exell, I. Kossack, C. J. Wells, S. Wolfson.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Museum Demonstrations

The autumn course of museum demonstrations in the theatre of the College commences on Monday, October 18, when Mr. L. W. Proger will show pathological specimens in the museum. Mr. Proger will demonstrate specimens on October 25 and November 1 also. Mr. A. J. E. Cave will discuss the anatomy of the pelvic floor on October 22; the surgical anatomy of the middle ear on October 29; and the anatomy and physiology of the thyroid gland. All the demonstrations commence at 5 p.m., and are open to advanced students and medical practitioners.

The Services

Surgeon Captain F. C. Wright, from the Royal Naval Hospital, Plymouth, has been appointed to command the hospital ship *Maine*, in succession to Surgeon Captain W. Bradbury, C.B.E., D.S.O.

R.A.F. VOLUNTEER RESERVE (MEDICAL BRANCH)

The Air Ministry announces that a new branch of the Royal Air Force Volunteer Reserve is to be established for medical officers as a reserve for the reinforcement of the Royal Air Force in times of national emergency. The initial period of service will be five years. Candidates will normally be entered in the rank of flying officer and will be eligible for promotion to flight lieutenant after two years' approved service. Officers will be required in their first year of service to attend an Air Force unit for eighteen working days' training in the duties of a medical officer. In subsequent years they will be liable, if called upon, to attend for twelve working days annually. They will receive a retaining fee of £15 a year, and the pay and allowances of their rank during periods of training. There will be an outfit allowance on entry of £25. Applications are invited immediately from suitable candidates, who must be qualified to practise medicine and surgery, be registered under the Medical Acts in force in the United Kingdom, and be below the age of 40. They should be sent to the Secretary, Air Ministry (S.7.e), Kingsway, London, W.C.2.

Medical News

At a meeting of the Royal Australasian College of Surgeons, held in Melbourne on September 3, honorary Fellowship was conferred upon Professor G. Grey Turner.

At the annual dinner given by the president and council of the British College of Obstetricians and Gynaecologists on Friday, October 22, at Claridge's, the official guest will be the Chancellor of the Exchequer, Sir John Simon.

The annual dinner of the Chelsea Clinical Society will be held at the Hotel Rembrandt, Thurloe Place, S.W., on Tuesday, October 19, at 8 p.m.; president's reception at 7.30 p.m. The Earl of Athlone, Mr. H. L. Eason, Principal of London University, and Sir Ernest Graham-Little will attend as guests.

The annual dinner of the past and present men students of the Leeds School of Medicine will be held at the Great Northern Hotel, Leeds, on Thursday, November 25, at 7 for 7.30 p.m., when Dr. J. Le F. C. Burrow will preside. Applications for tickets (10s. 6d. each exclusive of wine) should be made to the Dinner Secretary, the Medical School, Leeds, 2.

The XXVI Long Fox Memorial Lecture will be delivered in the large theatre of the Wills Physics Building (Royal Fort), Bristol University, by Mr. V. B. Green-Armytage on Tuesday, October 19, at 8.30 p.m. His subject is "The Debt of Western Medicine to the East." The lecture is open to the public and suitable for a non-medical audience. No tickets are required.

A meeting of the Royal Microscopical Society will be held at B.M.A. House, Tavistock Square, W.C., on Wednesday, October 20, at 5.30 p.m., when a paper will be read by Major G. Burrard on "The Microscope in the Identification of Firearms."

A reception will be held at the Royal Society of Medicine on Friday, October 29, at 8.30 p.m., when Fellows and their friends will be received in the library by the president, Sir John Parsons. At 9.15 p.m. Mr. Philip Guedalla will deliver the Lloyd Roberts Lecture on "The Method of Biography." Admission will be by ticket only. Applications should be addressed to the secretary and will be dealt with in strict rotation.

Sir Arthur MacNalty will deliver his presidential address on "The Epidemiology of Encephalitis Lethargica" before the Section of Epidemiology and State Medicine at the Royal Society of Medicine on Friday, October 22, at 8.15 p.m.

The third Congress of the Italian Society of Anaesthesia and Analgesia will be held at Turin on October 22, when the following subjects will be discussed: (1) Anaesthesia in injuries of war and peace. (2) Effects of anaesthetics on the central and peripheral nerve fibres and nerve cells. The secretary of the congress is Professor G. Giordanengo, Corso Re Umberto, Turin.

Dr. W. S. C. Copeman, honorary medical secretary of the Empire Rheumatism Council, has been appointed by the Prime Minister to represent H.M. Government at the forthcoming Budapest Congress of Balneology and the bicentenary of the Royal Hungarian Medical Society.

Dr. Hans Virchow, emeritus professor of anatomy at Berlin and eldest son of the celebrated pathologist, was 85 years old on September 10.

The Westminster Hospital announces that six grammes of radium are now in use, day and night, at its Radium Annexe, Fitzjohn's Avenue, Hampstead. Four were installed a year ago in a new tungsten bomb; two recently lent by King Edward's Hospital Fund have been added to the equipment and made available for treatment by the reconstruction of the gold-collared leaden "bomb" formerly used.