

of the drug, and a tendency to relapse." In a brief discussion of the action of tobacco on the various systems of the body, Dr. Rolleston remarked that, though in most cases little harm was likely to ensue from a mild degree of smoking, some smokers even of many years' standing were liable to develop toxic symptoms after only a small amount of tobacco, while a considerable proportion of all tobacco consumers smoked to excess. Addiction to tobacco was often associated with other injurious factors, such as alcohol, syphilis, tuberculosis, diabetes, etc., which might be wholly or in part responsible for various morbid conditions in smokers, but, the speaker declared, there was ample justification for regarding tobacco as responsible for any symptoms which ceased on abstinence from smoking and returned on resumption of the habit.

Local News

SCOTLAND

Deaf Persons in Scotland

Out of some 250,000 Scottish school children examined by the health inspectors last year about 70,000 were found to be suffering from defects, either slight or major, of the ear, throat, and nose. This statement was made by Mr. Walter Elliot when unveiling a commemorative tablet on the new extension block of the Glasgow Ear, Nose and Throat Hospital on October 15. He said that most of these defects were comparatively minor, but 2,000 children had been found to have discharging ears, which might have grave consequences. In Scotland there were some 5,000 people who were markedly deaf, and in many of them the condition might have been prevented if they had received attention at an early stage.

Glasgow Royal Samaritan Hospital

The report for 1936 of the Royal Samaritan Hospital for Women, Glasgow, states that 3,217 patients were treated during the year and the number of operations was 2,788. The aetiological factors concerned in the production of pathological lesions in this series are analysed, showing injury associated with childbirth as predominant. Other factors influencing large numbers of cases were infection associated with child-bearing and the presence of new growths (tumours or cysts). The report gives a brief summary of each of twenty-eight cases which ended fatally. These include one of leukoplakia, in which death resulted from pulmonary embolism ten days after vulvectomy; one of cystocele and rectocele treated by anterior colporrhaphy and colpoperineorrhaphy, followed by an embolism of the left pulmonary artery twelve days later; and one of carcinoma of the cervix treated by radium therapy, death occurring from coronary thrombosis after four days. In the radiological department all branches except deep x-ray therapy shared in an increase of cases, and the report states that the follow-up system, especially in cases of carcinoma of the cervix, is beginning to furnish interesting and valuable information.

International Exhibition of Cripples' Work

The object of the fourth International Exhibition of Cripples' Work, which was opened in Edinburgh on October 14 by Mr. Walter Elliot, Secretary of State for Scotland, and for which exhibits had come from all over the British Isles and from various places abroad, was to stimulate interest in the welfare of crippled people, so that they might be enabled to take their place in the industrial life of the nation. Mr. Elliot said that the Central Council for the Care of Cripples had undertaken a very great work which had two aspects—preventive

and curative. It was conducting a survey of the orthopaedic needs of Scotland which, he believed, would give valuable results. The graver forms of crippling, from rickets or tuberculosis, that were present only a few years ago in Scotland were now rarely seen, as also was the terrible spectacle of a child locked up for a lifetime in a cage of misshapen bones. But there was still a great deal to be done. Last year in Scotland nearly 40,000 insured persons were off work for over 1½ million days through injuries, and it had been found that education could do a great deal to shorten the period of incapacity and to minimize permanent injury. Orthopaedics was a new science, but one in which rapid and effective progress was being made. The science was perhaps a little in advance of the practice, but exhibitions like this showed how much was available in the way of treatment which should be used more extensively by citizens as a whole.

The opening ceremony on the second day was performed by the Earl of Dudley, chairman of the Central Council, and on the third day by the Earl of Home. The Earl of Dudley said that the exhibition was the finest one which the Council had so far organized. Those who had had the opportunity of seeing the development of these exhibitions must be struck by the way in which they had improved during the last few years in scope, workmanship, and design. It had been rightly said that when cripples were taken in the earlier stages 75 or 80 per cent. could be cured by modern methods, and the remaining 20 per cent. so far helped as to be no longer a burden on the community or on their families. At present there were over 200,000 persons in Great Britain awaiting or in need of orthopaedic treatment of some sort.

ENGLAND AND WALES

Surgical Instrument Makers

The annual dinner of the Surgical Instrument Manufacturers' Association was held at the Holborn Restaurant, London, on October 15, under the chairmanship of Mr. H. G. R. Drew, the president. Professor Hugh Cairns congratulated the association upon the maintenance of its high ideals of efficient craftsmanship, as evidenced especially by the recent establishment of the Institute of British Surgical Technicians. In his early training as a surgeon no account had been taken of instruments at all. It was rather a tradition at his hospital that at operations the surgeon had only to put out his hand and the appropriate instrument was placed in it. Eleven years ago, on returning from the United States, he brought with him some beautiful instruments, the like of which he had never seen in this country. When in due course some of them broke he was on the point of sending to America for fresh supplies, but it was represented to him that they could be replaced by surgical instrument makers in London, and, this being done, he found himself in possession of better instruments than he had brought from America. Since then he had been increasingly impressed with the results of British workmanship in this field. Nothing was too much trouble for the workers to take in carrying out his suggestions and designs. The good craftsman was also invariably a man of good manners, one, moreover, who understood the psychology of surgeons often better than the surgeons did themselves. This was apparent in the facility with which they gave new names to their instruments, obviously based on knowledge of the surgeon and his work. Surgical instrument making appeared to ensure longevity; some of the men in that company could recall the big leap that surgery took in the 'eighties. He would be a bold man, Professor Cairns continued, who prophesied the future of surgery. In every generation it was said that surgery had reached its zenith; that was, indeed, said just before Lister introduced the antiseptic principle. One thing certain was

that there would always be change. Medical men were optimistic and were always trying out new treatments, and patients were demanding that they should. Operative surgery was reaching the end of a period—namely, the period of the easy exploitation of surgery made possible by Lister's work. He felt that the future lay mainly with the chemists and the electrophysicists, and that the new methods were most likely to evolve in those directions. Mr. Guy Drew, in responding, ventured one daring prophecy, that on a similar occasion in a hundred years' time a man might turn to his neighbour and ask, "What was steel?" Dr. G. N. Gardner proposed the health of "The Guests," who on the medical side included Dr. G. C. Anderson, secretary of the British Medical Association, Mr. F. F. Rundle, Dr. Mitchell Heggs, and Mr. A. Simpson-Smith, the last-named replying in a happy speech, in which he complimented the surgical instrument makers on their artist eye and creative hand. It was customary, Mr. Simpson-Smith said, to go to Germany to see German surgeons operate, and to France to see French surgeons, but visitors who came to this country did so not only to see British surgeons operate but to see British surgical instruments.

Medical Benevolent Society for the East and North Ridings

It is difficult to understand the smallness of the membership of the society which serves the East and North Ridings of Yorkshire (including the city of York). In his report to the recent annual meeting, Dr. C. H. Jackman, the honorary secretary, expressed his disappointment at the total membership, which was 124, the same figure as for the previous year, three resignations and two deaths having been balanced by the election of five new members. He appeals for more members, and points out that by joining the society practitioners not only ensure that help will be forthcoming should the time unfortunately come when those they leave behind are without adequate support, but they also assist in the general good work of the society. It was agreed at the annual meeting to renew last year's grant of £50 to a doctor's widow. Full particulars of membership of the society can be obtained from the honorary secretary, Dr. C. H. Jackman, 95, East Parade, Heworth, York.

Central Midwives Board

At the October meeting of the Central Midwives Board for England and Wales, appointment as examiner was granted to Mr. John Barnard Blakley, F.R.C.S. A letter was read from the medical officer of health for the city of Stoke-on-Trent regarding the practice of midwives in his area of notifying births to a particular insurance society and receiving payment for such notification. The Board replied that although the rules did not specifically forbid midwives to notify births to an insurance society, it was of the opinion that they should aim at a standard of conduct which increased rather than diminished the dignity of their profession, and that from this point of view the practice of midwives notifying births to an insurance society was to be deprecated. Applications from six institutions in the Provinces for approval to provide instruction in the essentials of obstetric analgesia and in the use of a recognized apparatus were granted. A report from the secretary regarding the regulations for the midwife-teachers' examination was considered, and it was resolved that the existing regulations, which the Board decided should apply to the examinations to be held in 1936 to 1938 inclusive, should be continued for the year 1939. A letter was considered from the medical officer of health for Hastings inquiring whether it was in order for a midwife recently appointed as municipal midwife to Hastings to use the words "Municipal Midwife" on the brass plate outside her door, in addition to "S.C.M." The Board replied that it saw no objection.

FRANCE

[FROM OUR CORRESPONDENT IN PARIS]

Organization of International Conferences

The young lady who was asked if she played the piano, and who replied that she did not know as she had not tried, betrayed a mentality which seems to have been common to many organizers of international conferences in Paris this summer. The spirit has been willing, but in many cases experience and the necessary gift for organization have proved weak, very weak. Professor Gosset, who has most ably piloted several of these conferences through difficult waters, has been quite candid in his expressions with regard to the need for more expert organization in this field. One of his suggestions deserves special note; it is that if all the organizers of international medical conferences would pool their plans well in advance, an important step would be taken to prevent that overlapping which has caused much annoyance this summer. One form of overlapping concerns those eminent leaders of the profession who have not the heart to refuse invitations to speak and preside at conferences, and whose generous response in this respect forces them at the last moment to make an invidious choice between two or more meetings timed for the same hour in different places.

Professorship in Medico-social Medicine

The Paris Faculty of Medicine has created a new chair of "Assistance Médico-sociale," to which Dr. Crouzon has been appointed. He has already had a distinguished career, and is a physician of the Salpêtrière Hospital and a member of the Academy of Medicine. Well known in the field of neurology, he is the author of several works on familial diseases, and occupational diseases and accidents. He has also founded a school of nursing, and is the secretary-general of the Neurological Society. The subject with which the occupant of this new chair must deal is at once so novel and so vast that Professor Crouzon assuredly has his work cut out for him.

The New Rector of the University of Paris

The appointment of Professor Gustave Roussy, Doyen of the Faculty of Medicine, as Rector of the University of Paris, in succession to M. Charléty, is very popular, particularly in medical circles. It is the first time that this honour has been conferred on a member of the medical profession. He was born in Switzerland of French stock, his family having emigrated from France at the time of the revocation of the Edict of Nantes. He began his medical studies in Geneva and continued them in Paris, where he became a hospital intern in 1901. As early as 1910 he became a professor by virtue of his contributions to pathological anatomy, and it was to the chair in this subject that he succeeded when it was vacated by Professor Letulle. During the great war he was at the head of a neurological service in the French Army, and he has for many years been in charge of the large cancer research institute and hospital at Villejuif in the neighbourhood of Paris. His brilliant administrative gifts should serve him well in his new post.

Early Diagnosis of Cancer of the Stomach

The second International Congress of Gastro-Enterology, which was held in September, served a most useful purpose in bringing together experts in this field from as many as thirty-five different countries. Professor Pierre Duval presided, and the Minister of Public Health, M. Marc Rucart, was among the distinguished personages present. The two subjects for discussion on the programme were the early diagnosis of cancer of the stomach, and acute

and chronic obstruction of the small intestine. With regard to the first subject, there appeared to be considerable unanimity of opinion as to the inability of various tests, such as analyses of the gastric juice and exploratory laparotomy, to reveal cancer of the stomach in an early stage. A macroscopic examination of suspect tissues was generally held to be totally inadequate when it was a question of early cancer, and the system considered most likely to lead to an early diagnosis was an interplay of clinical and radiological methods over a period of some weeks.

Mode of Administration of BCG

Up to the last, Calmette insisted that BCG should be given by the mouth rather than by any other route. In doing so he sacrificed scientific accuracy to psychological factors. Had he done otherwise and insisted on hypodermic or intracutaneous injections, with all their concomitant terrors for the lay mind, he might possibly have robbed thousands of the benefits of vaccination by the mouth, for what they were worth. Now there seems to be a tendency to desert the oral route in favour of the subcutaneous route, which, however much it may betray the "pusillanimity" of certain family doctors, is to be preferred on account of its greater accuracy. It is probably the work of Wallgren of Gothenburg which has done more than anything else to convert the Calmette school. Among the converts in this respect in France are Dr. Paraf and Dr. Boissonet of Paris. They no longer believe in the wisdom of giving newborn babies BCG by the mouth save in the most exceptional circumstances. What they advocate is waiting till a child is several years old and giving him BCG by subcutaneous injection only after searching tests with Pirquet's and Moro's reactions have shown him to be definitely tuberculin-negative.

X-ray Victims

Dr. Noiré, who has just died, was the victim of x-ray dermatitis which began as long ago as 1915. He started his medical career at the Saint-Louis Hospital, and he collaborated with Tennesson and Sabouraud. He was a pupil of Dr. Antoine Bécère, with whom he worked in connexion with the x-ray treatment of ringworm; he also did much to advance the technique of radiology in certain fields. Only a few days ago the radiologist, Professor Charles Vaillant, underwent his fourteenth operation for damage inflicted by x-rays. His first attack of x-ray dermatitis dates back some twenty years. At present he lives at the Hôtel des Invalides, and his many friends hope that this last operation will have proved perfectly successful.

Sale of Food and Drugs (H.M. Stationery Office, 4d.) comprises extracts from the annual report of the Ministry of Health for 1936-7 and an abstract of reports of public analysts in England and Wales for the year 1936. The samples analysed numbered 146,438—the highest number on record. Of 6,431 samples of drugs examined 264 were found to be adulterated or not up to standard. Fifteen samples of sweet spirit of nitre were reported to be deficient in amyl nitrite, and deficiency in ammonia was found in a number of samples of ammoniated quinine. Too much or too little boric acid was found in boric ointment, too little phenol in carbolic ointment, and too little zinc oxide in zinc ointment. Deficiencies were also reported in mercurial ointments, and three samples supplied in response to a request for calomel ointment were found to be calamine ointment, and in fact labelled as such. Incorrect proportions of iodine or potassium iodide, or of both, resulted in adverse reports on some solutions of iodine. Three prescriptions were found to be wrongly dispensed.

Correspondence

R.M.B.F. Christmas Gifts

SIR,—It is my privilege to appeal once more to your readers on behalf of the Christmas Gift Fund of the Royal Medical Benevolent Fund. For many years it has been our endeavour to give a Christmas gift of 30s. to as many of our beneficiaries as possible. Through the great generosity of your readers during the last two years we have been able to give a gift of 30s. to all our annuitants and regular grantees.

I seek your support for this appeal for the coming Christmas, and I have every confidence that the response will be as liberal and as whole-hearted as in previous years. All will realize what the value of this Christmas gift is to those who are living a lonely life, in great poverty and in advanced age, some bearing the afflictions of blindness, deafness, or ill-health. One letter of thanks received from an annuitant last year ended:

"Thank you all very much indeed, and please let your subscribers know, as far as you can, all that their gifts mean to us who have small incomes. Tell them how much happiness they give us."

Will those who have kindly helped to raise this special Christmas Gift Fund in the past help again by sending a donation to the Honorary Treasurer, Royal Medical Benevolent Fund, 11, Chandos Street, Cavendish Square, London, W.1?—I am, etc.,

THOS. BARLOW,
President.

October 13.

Surgery of Tendons

SIR,—The article by Mr. Bingham and Mr. Jack in the *Journal* of October 9 (p. 701) on cut extensor tendons of the fingers raises several interesting points. The surgery of tendons has come to the forefront of recent years, though even now at many hospitals tendon suturing is the perquisite of the recently qualified casualty officer; yet a tendon injury may give rise to a permanent deformity. An insurance company for whom I do reports regards cases of sutured tendons as likely later to come for amputation, and therefore will require a sum set by for the payment of full compensation for permanent disability. Recently no less an eminent authority than Mr. Elmslie stated in an article that no sutured flexor tendon was ever a success, yet in the first paragraph of their article Mr. Bingham and Mr. Jack would imply that delay is the chief factor for this gloomy outlook.

Surely, also, their artistic diagram is not true to anatomical facts. If the proximal interphalangeal joint of the finger be flexed fully extension of the distal joint is impossible. The oblique pull of the interossei is partially counteracted by this flexion, and their pull on the lateral parts of the dorsal expansion of the extensor tendon is insufficient to produce extension of the last phalanx. This fact can be simply demonstrated on one's own finger by holding the first phalanx extended. This was the subject of an interesting letter by Mr. Fairbank in the *Journal* of May 11, 1931 (p. 866). Mr. Fairbank advocated the position of flexion of the proximal interphalangeal joint as being the ideal position in which the finger should be placed in avulsion of the distal end of the extensor tendon. In this position the distal part of the tendon was thrown completely out of action, hence

Universities and Colleges

UNIVERSITY OF OXFORD

At a congregation held on October 14 the following medical degrees were conferred:

B.M.—D. S. Bajeman, D. Jefferiss.

UNIVERSITY OF CAMBRIDGE

Dr. T. Shirley Hele, Master of Emmanuel College, has been elected as the representative of the University on the General Medical Council for the five years from October 22, 1937.

At a congregation held on October 15 the following medical degrees were conferred:

M.B., B.CHIR.—*H. A. Burt, *G. B. Barbour, *H. G. Goldwater, *E. W. Hart, *J. M. Ranking, *M. W. H. Evans, *P. E. T. Hancock, *W. R. S. Hutchinson, *L. O. Mountford, *H. B. Pope, *J. F. Stokes, *J. C. G. Whitelaw, *T. E. Johnson, *J. E. V. Jones, *C. V. Braimbridge, *A. G. Bellamy, *W. F. Rhodes, S. G. Mayer, M. C. H. Kingdon, W. A. Nicholson, A. F. Stallard, J. H. G. Thompson, C. St. A. Vivian, A. B. Lintott, B. D. Molesworth, S. G. Brook.

M.B.—*G. H. H. Waylen, *C. P. Campion, *A. B. Connell, *A. H. Dunkerley, *T. E. Lamech, *O. S. Tubbs, *F. H. A. Walker, *A. B. MacEwen, *P. G. Scott, *C. G. H. Morse, *C. E. Donaldson, *C. McC. Jones, W. E. Wells, N. R. Cunningham, G. N. Grose, J. O. Harrison, C. F. Mayne, J. G. Webb, H. M. Elliott.

*By proxy.

The following candidates have been approved at the examination indicated:

DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.—(Part II): A. B. Brereton, T. H. T. Gautby, D. Gold, J. L. King, M. A. M. Marei, A. Sirry, C. P. Theron.

The Vice-Chancellor announces that he has received a letter from the Rockefeller Foundation informing him that, after considering the proposal of the University of Cambridge for the development of the Department of Experimental Psychology, the executive committee has made an appropriation of £11,360 towards the cost of the scheme of development. Of this sum £1,200 is allocated for alterations in laboratory rooms, and the remainder for expenses of the department for a five-year period from January 1, 1938, to December 31, 1942. The offer of the Rockefeller Foundation is contingent on approval of the report of the Council of the Senate on the William Charles Wilson bequest.

UNIVERSITY OF LONDON

Professor J. H. Gaddum, Sc.D., M.R.C.S., L.R.C.P., has been appointed to the University Chair of Pharmacology tenable at the College of the Pharmaceutical Society of Great Britain, in succession to Professor J. H. Burn, who was recently appointed to the Chair of Pharmacology at the University of Oxford.

A course of five Brown Institution Lectures on "A Comparative Study of Filter-passing Bacteria and Viruses" will be given by Professor F. W. Twort, F.R.S., on December 6, 8, 10, 13, and 15, at 5 p.m. The first four lectures will be given at the London School of Hygiene and Tropical Medicine, Gower Street, W.C., and the fifth at the Brown Animal Sanatory Institution, 149, Wandsworth Road, S.W.

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

The following candidates have been approved at the examination indicated:

ACADEMIC POSTGRADUATE DIPLOMA IN PUBLIC HEALTH.—Joyce M. Brockington, Sylvia C. Gavron, H. F. Green, M. U. Hayat, A. W. Rasiah, H. C. Saksena, M. N. de S. Suriyawansa, H. M. Vanderwall.

UNIVERSITY OF GLASGOW

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

M.D.—J. Shafar.

M.B., CH.B.—*J. P. O. Erskine, †Mary Del Vecchio, †A. Brown, †A. L. Goodall, †A. R. Hunter, †A. Young, †J. H. Bruce, J. W. Affleck, Isobel C. Allardyce, D. M. Armstrong, Margaret P. Ash, A. August, Mary McC. Barron, J. Baxter, Catherine McL. Beaton, Mary L. F. Brownlie, J. S. Cameron, J. Campbell, L. Carmichael, T. W. Carrick, Margerth A. Cathcart, W. A. W. Chapman, Mary L. A. Chisholm, J. M. Clark, B. Cohen, W. Y. Cornock, B. Couts, R. W. Crockett, J. C. Davidson, W. P. G. Dickson, E. A. Donegan, J. H. Dorman, W. M. Douglas, E. Duffy, J. J. Elbert, A. M. Forrest, A. A. Gilmour, D. Golombok, R. R. Gordon, Harriet J. Grant, K. C. Grigor, D. St. C. L. Henderson, Janet W. Herriot, E. F. Hill, A. F. Jarvie, H. H. Johnston, J. J. Justice, R. Kellock, H. C. Kennedy, R. E. King, A. McE. Lamont, A. Laurie, J. Laurie, P. Lavery, J. Leslie, W. S. Linton, W. McAdam, Theodora J. W. McAlpine, J. M. McCrea, D. MacDonald, D. McGowan, J. W. A. MacKenzie, T. McLardy, J. H. McLaughlin, A. F. MacLean,

A. McLean, M. Macleod, A. N. MacPhail, N. J. McQueen, B. T. Mann, C. March, J. G. Marra, R. C. Meek, G. A. Mills, A. H. Murray, H. M. Murray, J. Neilson, L. A. Ogilvie, A. B. I. Olorun-Nimbe, G. M. Olswang, W. Paterson, J. Reid, J. Richardson, W. E. Smith, W. B. Stirling, A. P. Thomson, R. Traill, D. Turner, Ruth M. H. Winter.

* With honours.

† With commendation.

James P. O. Erskine gained the Brunton Memorial Prize, awarded to the most distinguished graduate in medicine for the year 1937.

The West of Scotland R.A.M.C. Memorial Prize was awarded to Robert B. Wright as the candidate who obtained the highest aggregate marks in surgery, medicine, and midwifery in the final M.B., Ch.B. examinations held during 1937.

Robert E. King received the Macewen Medal in Surgery as the candidate who obtained the highest aggregate marks in surgery at the final M.B., Ch.B. examinations held during 1937.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Primary Examination Over-seas

The Council of the College has again agreed, in compliance with the request of the Royal Australasian College of Surgeons, to conduct the primary examination for the Fellowship in Melbourne, Sydney, and Dunedin during November and December. At the request of the Director-General of the Indian Medical Service the primary examination will also be conducted in Bombay early in January, and the examination is also to be held for the first time in Egypt. This is at the request of the Dean of the Medical Faculty of the Egyptian University, and the examination will take place at the end of January in Cairo. Mr. Cecil P. G. Wakeley, a member of the Council of the College and senior surgeon at King's College Hospital, has accepted nomination to act as the examiner in anatomy at each of these examinations. He leaves Tilbury on Saturday, October 23, by the R.M.S. *Orama*, and will not be back in London until February 7, 1938. Professor A. St. George Huggett, of St. Mary's Hospital Medical School, has been able to accept the appointment to examine in physiology, owing to the co-operation of the Medical School authorities in releasing him from his duties for the purpose. He will leave Croydon by air on Monday, November 15, and will return with Mr. Wakeley on February 7. The Director of Examinations, Mr. Horace H. Rew, will be responsible for the conduct of the examinations in India and Egypt. He leaves for India by air on December 29, and will return with the examiners on February 7. There are ninety-six candidates in Australasia, eighty-five in India, and twenty-two in Egypt, and at each centre the examiners will act with assessors, appointed locally by the Council of the College.

A meeting of the Council of the Royal College of Surgeons of England was held on October 14, with the President, Sir Cuthbert Wallace, Bt., in the chair.

A diploma of Fellowship was awarded to Francis Joseph Hayden, and diplomas of Membership to Neil Hamlin and Arthur Morgan Spencer.

Diplomas in Child Health were granted, jointly with the Royal College of Physicians of London, to the following:

M. A. Abboud, Ehsan Awad, Jenny D. Craig, Hilla Damry, Annie M. Dawson, C. W. Dixon, Sheila M. Franklin, Gladys I. Hallows, M. R. Kark, B. W. Knight, H. B. Lal, Margaret J. T. Leitch, N. F. Lilauwala, R. C. MacKeith, L. K. Mitra, J. W. Parks, Nellie M. Plowright, Gwendolen F. Prince, J. Sakula, G. Scott, J. E. Sewell, H. J. Sinn, Gwladys V. Smallpeice, S. K. Squires, Margaret E. Sutherland, G. L. B. Thurston, H. M. Trethowan, Elizabeth N. Warner, J. R. Wilson.

Mr. Wilfred Trotter and Mr. W. H. Ogilvie were appointed representatives of the College on the Executive Committee of the Imperial Cancer Research Fund.

Dr. C. J. C. Britton and Mr. D. W. Ashcroft were appointed Streatfeild Research Scholars to carry out research entitled "An investigation of the relationship between sinus disease and tonsillar infection."

The following were appointed Superintendents of Dissections for the Primary Fellowship examination to be held over-seas shortly: *Egypt*, Dr. V. H. Assar; *India*, Mr. R. C. Motwani.

An address of congratulation to the University of Allahabad on the occasion of its fiftieth anniversary was approved. Lieut.-Colonel F. J. Anderson will represent the College at the celebration of the anniversary.

The following hospitals were recognized, with the posts specified for the six months' surgical practice required of candidates for the final Fellowship examination: Crumpsall Hospital, Manchester (resident surgical officer and two house-surgeons); Royal Gwent Hospital, Newport, Mon. (first and third house-surgeons).

We have lost a singularly attractive personality. Ashley was indeed a delightful companion and the best of friends. Warm-hearted, sympathetic, sensitive, and endowed with a pawky humour, he loved, and was loved by, his fellow men.

Ashley Mackintosh had a great reputation as a teacher. I speak from experience when I say that I doubt whether any university has turned out graduates better equipped for the practice of medicine and with a higher appreciation of the honourable ideals of the profession than were the students of his day. He was immensely popular. The interests of his students were constantly in the forefront of his mind, and he impressed them with the hall mark of his personality, which they carried far and wide. Thoroughness was his motto and overconscientiousness his vice, if such it can be called. Many years ago he told me that he proposed to resign his chair since he found that, even after deputing some of his teaching to his colleagues, it was still impossible to keep abreast of the field of knowledge to his satisfaction. Fortunately he was persuaded to reconsider his decision.

A fine clinician, he possessed to an unusual degree that gift which characterizes the true physician—the ability to look at a case through the eyes of the patient. Not too robust, he never spared himself. His time was so fully occupied with his teaching and reading, with hospital and administrative duties, and with a busy consulting practice, that his contributions to the literature were unfortunately few. Nor is it surprising that in his later years he should have regarded the present-day tendency of undergraduate teaching—to stress the science as opposed to the art of medicine—with some misgiving.

His Alma Mater might well say of Ashley Mackintosh, "Well done, thou good and faithful servant!"

[The photograph reproduced is by Vandyk.]

Dr. CHARLES WILLIAM BERESFORD, who died at Hove on October 7, aged 83 years, had retired to that town after many years of practice in Narborough. He was the son of a doctor who had practised for forty years in that town. He received his medical education at University College, London, where he took the diplomas of M.R.C.S. Eng. and L.S.A. in 1880. He had held several clinical appointments, including those of resident clinical assistant at Stockport Infirmary, house-surgeon at Bridgwater Infirmary and at the Royal Isle of Wight Infirmary, County Hospital, and Fever Hospital. His son, Mr. Gerald Beresford, is in practice at Hove, holding the post of surgeon to the Royal Sussex County Hospital. Dr. Charles Beresford always took a very keen interest in cricket and was at one time honorary secretary to the University College Hospital Cricket Club. He was an old style of country doctor in his early days, performing operations by candle light in cottages while giving his own anaesthetics. He had a local reputation as an obstetrician. He was much beloved by his patients, among whom he had lived for so long.

The death took place on October 1 of a veteran member of the public health service, Dr. EDWARD WALFORD, who joined the British Medical Association as long ago as 1874, and for the past sixteen years had lived in retirement at Walmer. Dr. Walford was born in 1847, and studied at St. George's Hospital, University College, London, and afterwards at Lyons. He qualified as M.R.C.S. and L.S.A. in 1869, took the Cambridge D.P.H. in 1881, and the M.D. of the University of Durham in 1884. He was for some years medical officer of health for Ramsgate Borough and Port, and was then promoted medical officer of health for Cardiff City and Port. He was also director of the Cardiff and County Public Health Laboratory, and for some years lecturer on public health in the medical school of the University of Wales. He resigned these appointments in April, 1921. Dr. Walford was a past-president of the Cardiff Medical Society.

By the death of Dr. WILLIAM ALFRED WATSON of Worthing, aged 57, West Sussex has lost one of its best-known doctors. The death took place with tragic suddenness on October 9, when Dr. Watson, who was walking in his garden with some friends, dropped dead without any warning. He received his medical education at Aberdeen, taking the degrees of M.B., B.Ch. in 1903, and started practice in Huntly, Aberdeenshire, afterwards coming to Worthing, where he carried on his profession for twenty years, retiring in 1935. The funeral took place in Worthing on October 11, and was attended by many of his colleagues and friends, the wreaths including one from the West Sussex Division of the British Medical Association.

News has been received of the sudden death at Goodna of Dr. JOSEPH KEITH PARK, who graduated M.B., Ch.M. at the University of Sydney in 1892, and had been a member of the British Medical Association for the past thirty-five years. He was born in Ayrshire, and went out to Australia with his parents at the age of 6. After qualifying in medicine he gained experience at the Toowoomba Hospital, then practised for many years in south coast mining towns in New South Wales, and later in Sydney.

The Services

DEATHS IN THE SERVICES

Lieut.-Colonel Sir AUGUSTUS ALEXANDER BROOKE-PECHELL, Bt., R.A.M.C. (retired), of Alton, Hants, died at Boston Spa on October 6, aged 80. He was born on July 31, 1857, and was educated at Edinburgh, where he graduated as M.B. and C.M. in 1881. Entering the Army as surgeon on July 29, 1882, he became lieutenant-colonel after twenty years' service, and retired on November 23, 1907. He rejoined for service during the war of 1914-18, from December 10, 1914, when he held the post of deputy surgeon of the Royal Hospital, Chelsea. He came of an old French Huguenot family of Montauban in Languedoc. Samuel de Pechells fled to England after the revocation of the Edict of Nantes, and settled in Ireland. His grandson served in the Army in Spain and Flanders, and was created a baronet in 1797. His elder son, the second baronet, took the additional name of Brooke. The third and fourth baronets were distinguished naval officers. Sir Augustus succeeded his brother as seventh baronet in 1904. He married in 1888 Mabel, daughter of the late Major-General George Briggs. His elder son, who succeeds him as eighth baronet, is Major Paul Pechell, M.C., late Essex Regiment. His younger son was attached to the R.F.C. and was killed flying in 1916. His only daughter is the wife of Major Bonamy Dobrée, late R.F.A. He was a member of the British Medical Association from 1901 to 1920.

Colonel GERRARD WILLIAM TATE, C.M.G., D.S.O., late R.A.M.C., died on October 3, aged 70. He was born on November 20, 1866, in Dublin, and was educated at Trinity College, Dublin, where he graduated M.B., B.Ch., and B.A.O. in 1889. Subsequently he took the D.P.H. of the Irish Colleges in 1907, and the D.T.M.Liverp. in 1908. Entering the Army as surgeon captain on July 28, 1891, he became colonel on December 26, 1917, and retired on November 12, 1919. He served in the operations in Sierra Leone in 1898-9, receiving the medal with a clasp; in the South African War in 1901-2, getting the Queen's medal with five clasps for operations in the Transvaal and Cape Colony; and in the war of 1914-18, when he was mentioned in dispatches in the *London Gazette* of March 7, 1918, and December 16, 1918, and received the C.M.G. and the D.S.O. He had been a member of the British Medical Association for forty-five years.

Surgeon Captain ARTHUR HARRY HINGSTON VIZARD, R.N. (ret.), died at Southsea on October 5. He was educated at Edinburgh University, where he graduated M.B., C.M. in 1893, and M.D. in 1901. After filling the post of resident clinical assistant at the Stirling District Asylum at Larbert, he entered the Navy. He attained the rank of surgeon commander on November 14, 1908, and retired, with an honorary step of rank, as surgeon captain on January 1, 1923. He served through the war of 1914-18. He had been a member of the British Medical Association since 1923.