

The *platypelloid* type, with the wide or transverse oval appearance.

The *android* type, which bore a morphological resemblance to the human male pelvis. The inlet was wedge-shaped or blunt heart-shaped.

Below the inlet the cavity of the pelvis might be affected by variation in the angle of the side walls and the curvature and inclination of the sacrum and symphysis pubis. A decrease in transverse capacity might be caused by convergence of the side walls, or variation of the length of the ischial spines. The subpubic arch might vary in its angle, and a narrow angle did not of necessity mean that the whole outlet was narrowed. The capacity of the posterior pelvis depended largely upon the position, shape, and inclination or curvature of the sacrum. Although a great deal of information might be obtained by ordinary clinical examination, these variations could actually be seen by stereoscopic radiography. The relative frequency of occurrence of the four main pelvic types was as follows:

	White	American	Author's	Twenty
	Woman	Woman	Cases	Cases
Anthropoid	23.5	per cent.	.....	4
Gynaecoid	41.4	.. ..	.....	10
Platypelloid	2.6	.. ..	.....	0
Android	32.5	.. ..	.....	6

Influence on Labour

Forceps delivery and Caesarean section were often necessary in women with the android formation, while with the gynaecoid pelvis spontaneous delivery was the rule. It was interesting to note that these two types might have exactly the same maximum transverse and antero-posterior diameters at the brim. The foetal head usually entered the pelvic brim in the transverse diameter. In the android type the narrow fore-pelvis and the flattening in the posterior part of the pelvis hindered internal rotation, and transverse arrest and occipito-posterior arrest were common. It was usually easier to free the head from the back of the pelvis in the transverse position, draw it down, and then rotate the occiput to the front under the subpubic arch.

In the anthropoid type mid-pelvic arrest in the transverse position might occur, but there was plenty of room anteriorly, and rotation was usually easy at the level of arrest. Should the occiput engage posteriorly and arrest follow, rotation would be very difficult unless the head was either pushed well up above the brim or pulled right down to the outlet. It might be wise in such a case to deliver as an occipito-posterior presentation. This little manoeuvre of moving the head upwards or downwards before rotation would often facilitate internal rotation to a surprising extent, and should always be attempted instead of the commonly adopted practice of "pulling hard," which was to be so heartily condemned.

With regard to ante-natal care, routine x-ray examination of the pelvis was advocated in all primigravidae. In breech presentations version should be performed at about the thirty-fourth week. If this attempted version failed, the choice lay between delivery as a breech at term or after the induction of labour and Caesarean section. In vertex presentations, if the head was not engaged at the thirty-sixth week, and efforts to make it engage failed, an x-ray examination of the pelvis was imperative. If a minor degree of disproportion only was present a trial of labour should be given. It should not be allowed to continue long after rupture of the membranes, and should not degenerate into a passive contemplation of obstructed labour.

The July issue of the *Archives de Médecine des Enfants* contains an illustrated article by Dr. E. Wieland of Basle on the development of paediatrics in Switzerland containing portraits of eminent Swiss paediatrists of the last sixty years.

Local News

ENGLAND AND WALES

Birmingham United Hospital

The annual report for 1938 of the Birmingham United Hospital includes an account of the three principal institutions—the General, the Queen's, and the new Queen Elizabeth Hospital at the Hospitals Centre at Edgbaston. The last was named by Her Majesty as recently as March of this year, during the royal visit. The east and west blocks of the new hospital have been named respectively the Vincent Medical Block and the Cadbury Surgical Block, in honour of Sir Harry Vincent and Cadbury Brothers, who have been great benefactors. When the new hospital has expanded to 400 beds the position with regard to the Queen's Hospital in particular will be reviewed. It had been proposed to reduce the number of beds at the Queen's Hospital, the building of which, or the major portion of it, would be taken over by the Maternity Hospital; but the Maternity Hospital has now decided that it is not possible effectively to adapt the Queen's Hospital for its purpose, and intends to build a new hospital on the Hospitals Centre site. The position, involving as it does the maintenance of incomplete units, is not considered very satisfactory by the Board of Management of the United Hospital, but it is, of course, abiding by its undertakings. Reference is made in the report to the work of the medical committee, and the many problems with which it has been faced in connexion with the staffing of the Queen Elizabeth Hospital. In view of the many calls made upon the time of members of the staff it was with difficulty and not without sacrifice that satisfactory arrangements were eventually reached which provided the new unit with adequate medical, surgical, and specialist services without in any way impairing those rendered to the two older units. The first patients were admitted to the new hospital on the last day of 1938. At all three units the 96-hour fortnight for nursing staff is being introduced; it could not come into force at once, but all plans for the future are being based on the necessary reduction of working hours.

Pathological Research in Leeds University

Professors Matthew J. Stewart and J. W. McLeod report that in the years 1937 and 1938 the work of the department of pathology and bacteriology of the University of Leeds continued to increase steadily. A study in patients with renal calculi of the chemical blood changes indicated that these were not due to a primary hyperparathyroidism but were secondary to renal disease. Work is now proceeding on the development of calculi in the kidneys of recumbent patients. The surgical treatment of bronchiectasis by lobectomy and pneumonectomy has provided material for histological study incomparably finer than anything obtainable from the post-mortem room, where, as a rule, only the final stages of disruption are seen, often complicated by putrefactive changes. In surgical specimens the immediate fixation of fresh material is possible, and the pathological changes are available for study at much earlier stages. The results of this investigation are now being prepared for publication. A study is well advanced of the morbid anatomy and histology of chronic arthritis, special attention having been given to the sequence of tissue changes in bone and cartilage in the degenerative type of osteo-arthritis. The similarity of the morbid anatomy in swine arthritis to that in human beings has been established; the organism concerned in the former appears to be *Erysipelothrix rhusiopathiae*. The disease has been reproduced in swine by inoculations with cultures of this organism. Immunological studies have been made in man regarding the aetiological significance of various organisms, including *Streptococcus*

haemolyticus, *Br. abortus*, the pneumococcus, and *B. welchii*. The treatment of arthritis with gold salts has been continued at the Leeds Public Dispensary and Hospital; this clinic was established in 1934, and 1,300 cases have now been treated with gold. Observations on the morbid histology of diphtheria have demonstrated the greater power of penetration of the *gravis* and *intermedius* types as compared with the *mitis* type. The chief evidences of this greater penetrating power consist in morbid changes in the tissues deep to the superficial lesions, a notable example of this being haemorrhagic necrosis of the tonsil; the presence of degenerative lesions remote from the primary focus, especially fibrinoid necroses in the Malpighian bodies of the spleen; and the actual presence of diphtheria bacilli in the more remote parts of the lungs. By contrast the *mitis* infections produce lesions with a marked tendency to superficial spread, the membrane formed often penetrating to the trachea and even to the bronchi, not infrequently leading to laryngeal obstruction. Investigation has also been continued into the opsonic action of certain chemical substances on staphylococci, and particularly the possibility of reversing these effects by treatment with certain salts; it has been shown that globin, a basic protein and a constituent of haemoglobin, can act as an artificial opsonin. This work is being extended. Another field of research has been the interpretation of oxidation-reduction potentials in bacterial cultures, studies being directed particularly to the effect of the concentration and autolysis of pneumococcal cultures which have been shown to render the recorded potentials markedly more negative; the effect of the gaseous atmosphere on this phenomenon is now being investigated. It is stated in the departmental report that when the new pay-bed block is opened at the Infirmary the department will be responsible for the provision of the pathological and bacteriological services, to be paid for either on an agreed scale or on a *per capita* basis; in either case a considerable income will accrue, the disposal of which will be in the hands of the University of Leeds. Some of this income might be available to finance a senior appointment in haematology and clinical pathology similar to appointments already existing in many schools—for example, at the British Postgraduate Medical School in London, where much original work in haematology has been and is being carried on. As usual, Professor Passy contributes to the report a note on the work of the department of experimental pathology and cancer research. He mentions that Dr. Stickland has failed completely to substantiate Mendel's claim that potassium ferricyanide has a selective inhibitory action on the aerobic glycolysis of tumour tissue. A long-term inquiry is being pressed into the incidence of cancer in the relatives of patients who have suffered from malignant disease of the breast.

FRANCE

New French Health Passport

At the end of May of this year M. Rucart, the French Minister for Public Health, issued a circular giving detailed information about the health cards, booklets, or passports which are henceforth to be available for every French citizen from birth onwards. The passport is issued free of cost, and its acceptance is voluntary. In it are to be recorded the most important events concerning the owner's health from infancy to old age. The first part deals with his medical history and that of his parents, and the second part records his dental history. Care has been taken to maintain the confidential character of the information contained in the passport: it is not identified by the owner's name but by a number, which would enable it to be replaced if it was lost. An employer may not insist on scrutinizing an employee's passport. The authorities are urged by M. Rucart to persuade schools and hospitals to facilitate the distribution of these passports, which, in his opinion, have become necessary with the disappearance of the family doctor and the

appearance in his place of specialists, who will find in the passport some of the information the family doctor would have been able to give in earlier days. The passport will provide information on hereditary predispositions, operations, past illnesses, vaccinations, accidents, physical measurements at different ages, and other items likely to help the doctor who is a stranger to his patient to form a fairly complete picture of him in a clinical sense. It is hoped that this passport will facilitate the medical examination and assessment of the physical fitness of recruits for the fighting services. M. Rucart states that he has consulted the chief French medical authorities and has found them unanimous in recommending a system of this kind. But, however acceptable the health passport may be in principle, various adjustments may have to be made in the details of this scheme before it can be considered as stabilized.

Awards and Scholarships

The French Academy of Medicine has awarded the "Grand Prix Prince Albert Ier de Monaco" to Jules Lefèvre for his work in biology over half a century. In connexion with the jubilee of the Pasteur Institute its scientific and executive committees have awarded Dr. H. Plotz of New York and Professor A. Saenz of Montevideo the Pasteur medal in gold in recognition of their contributions to science. Professor Saenz joined the Pasteur Institute in 1928 as a pupil of Calmette, and most of his recent research has been concerned with tuberculosis. The Roux Foundation, whose aim is to help in the recruiting of research workers for the Pasteur Institute, provides whole-time scholarships of 18,000 to 24,000 francs a year for young Frenchmen who have completed their scientific studies. For the year 1939-40 there are ten such scholarships available for young doctors, veterinary surgeons, chemists, physicists, and others interested in the biological sciences.

Professor Roffo Recipient of the Amerongen Prize

At the annual meeting of the Ligue Française contre le Cancer, held in the precincts of the Paris Faculty of Medicine, and in the presence of the Argentine Ambassador, the Amerongen Prize of 100,000 francs was awarded to Professor Angel H. Roffo, who for many years has been in charge of the Cancer Institute of Buenos Aires. In a survey of Professor Roffo's work Professor Hartmann devoted special attention to the last three years, during which Professor Roffo employed thousands of rats in his investigations into the part played by diet in the genesis of cancer. While one large group of rats was given food to which irradiated cholesterol had been added, another large group was given the same food without this addition. A considerable proportion of the cholesterol-treated group developed cancer of the stomach, while none of the controls did so. Having repeated this experiment frequently Professor Roffo came to the conclusion that there exist certain cancer-provoking foods. He has set aside the money value of the prize for the exchange of French and Argentine doctors, and he has undertaken to lodge the French doctor in his institute. The Amerongen Prize came into being after the donor had been a prisoner of war in a German camp and had seen several of his companions in captivity die of cancer.

Anti-rabies Services in French Colonies

The French Colonial Health Service has issued a memorandum on the desirability of decentralizing the anti-rabies services in the French Colonies. At present more than 6,000 cases of rabies, actual or suspected, are treated annually in the French Colonies; in French Indo-China alone there were 5,333 cases in 1937, 350 of which were in Europeans. Until 1937 the only French Colonial anti-rabies centres were those of the Pasteur Institutes of Dakar and Brazzaville, with three secondary centres for West and Equatorial Africa, the Pasteur Institute of Antananarivo

for Madagascar, the Pasteur Institutes of Saigon and Hanoi, as well as the bacteriological laboratories of Pnom-Penh, Hué, and Vientiane for Indo-China. Although air ambulance services and improved facilities for travel by other means have made it easier for patients to attend a central anti-rabies service, it is felt that decentralization is both desirable and feasible, and to this end Dr. Remlinger, director of the Pasteur Institute of Tangier, has issued a *Guide Pratique*, perusal of which is recommended to outpost doctors who may be called upon to treat cases of this disease.

Correspondence

Treatment of Bone Cavities and Raw Areas

SIR,—I have noted with interest in all the valuable articles which you have been publishing on war and air raid casualties for some months past, including those of Mr. St. John Buxton on the lower limb (June 17, p. 1241); Mr. Claude Frankau on joint wounds (July 1, p. 27); and Mr. Max Page on amputations (July 8, p. 77), that the recommendation is made to treat bone cavities, or other raw areas, which it is impossible to cover with skin, by a dressing of some form of paraffin gauze (or petroleum jelly) with or without flavine. This was the technique in which I was trained during the last war and which I employed for some years after it; but I found almost constantly that the new granulation tissue, even in the best healing wounds, tended to work its way amongst the meshes of the gauze, like a creeper up a trellis, and though most of the gauze came away easily after a few weeks, small fragments remained entangled for months and appeared to delay healing. Now for some years past I have been packing such wounds, whether the result of trauma or of spontaneous osteomyelitis, with a layer or wedge of "stent" (dental wax) over which are applied gauze and wool, the final firm compression being usually supplied by plaster-of-Paris to the whole limb. The stent splints the healing tissue locally, and with elimination of muscle-pull by extensive plaster-of-Paris splinting the rate of healing of deep cavities and large areas is astonishingly hastened, an observation unanimously confirmed by the nursing staff at every institution where the method has been introduced. Although stent was used in the last war by the plastic surgeons, and for chronic bone cavities, it seems at present little used for acute cases, in which it is equally valuable; and therefore I trust you will allow me this opportunity of making it more widely known.—I am, etc.,

M. FORRESTER-BROWN,
M.S., M.D.Lond.

Bath, July 11.

Prevention and Treatment of Shock

SIR,—My only excuse for troubling you further on this subject is that, as an anaesthetist, I am jealous of the good repute of spinal anaesthesia, and anxious that its abuse should not result in an unnecessary loss of human life. Mr. N. L. M. Reader's latest letter (*Journal*, July 8, p. 88) merely serves to confirm my previously expressed criticism that his advocacy of spinal anaesthesia for the treatment of shock is dangerous advice to the timid, and displays an equally dangerous lack of knowledge of the physiological principles involved. One issue has been cleared by Mr. Reader's admission that a fall of blood pressure does occur in high spinal anaesthesia, but

his claim that his ephedrine-spinocain technique is normally exempt from an effect which is common to all the generally used drugs is contrary to the clinical observation of the majority of anaesthetists, most of whom, because of its obvious uncontrollability, have long ago abandoned the use of spinocain. As a matter of interest I looked up some ten-year-old blood-pressure records of fifty consecutive patients whom I had anaesthetized by Mr. Reader's technique. There was a fall of blood pressure in thirty-five cases (severe in three); a rise of blood pressure in eleven cases; and no appreciable change in four cases.

Returning to the main issue, which is Mr. Reader's statement that spinal anaesthesia is the correct treatment of shock, I maintain that to quote, as he does, the so-called neurogenic factor in the production of shock without giving any explanation of how this factor exerts its deleterious effect is merely begging the question. From the point of view of anaesthesia the two essential bugbears of shock—namely, a pronounced fall in the circulating blood volume and a fall of blood pressure—still remain constant clinical factors whatever theory or origin is postulated. In a shocked patient all the compensator mechanism which tends to maintain an efficient circulation is already in action. In an unshocked patient this same mechanism allows Mr. Reader to give a low spinal anaesthetic—that is, an upper limit of anaesthesia not higher than the twelfth dorsal root—using spinocain or any other drug without producing a fall of blood pressure. Yet the essential fact remains that in a shocked patient the effect of spinal anaesthesia is to put out of action the protective compensator mechanism which is so essential to the maintenance of an effective circulation.

That dangerous and even fatal results follow the administration of spinal anaesthesia to shocked patients unless they have previously received energetic anti-shock treatment (warmth, rest, sedatives, ephedrine, and restoration of circulating blood volume) is an established clinical fact based upon the observation not of one but of many experienced anaesthetists. To swallow the pill proffered by Mr. Reader would have the serious effect of resulting in an unnecessary loss of human lives. Incidentally, it would also quite probably result in bringing spinal anaesthesia into the relative disrepute in which it languished for nearly a decade following the last war. This disrepute was, I am told, largely due to the war-time use of spinal anaesthesia in exactly the type of case in which Mr. Reader now so passionately advocates its administration.

Dr. C. Langton Hewer (July 8, p. 91) rightly draws attention to the fact that the same principles should govern the administration of anaesthetics during war or peace. The spate of correspondence on the whole subject has been extremely interesting. The danger is that much of it has been plausible theorization on methods which, like the administration of spinal anaesthetics to shocked patients, have in clinical practice already been tried and found wanting.—I am, etc.,

Manchester, July 14.

H. K. ASHWORTH.

Dental Sepsis and Rheumatism

SIR,—When one considers that for a quarter of a century infection from a primary focus has been the prevailing conception in chronic rheumatism, it is rather surprising to find that the article of Drs. J. M. Vaizey and A. E. Clark-Kennedy (*Journal*, June 24, p. 1269) has caused so little commotion. The reason probably lies in the fact that most medical men have discovered from their own personal experience that the doctrine of focal sepsis,

I hope Dr. Rudolf's communication will lead to a wider use of this extremely useful device, which can be home-made in a few minutes.—I am, etc.,

BRUCE WILLIAMSON, M.D.,
F.R.C.P.

London, W.1, July 11.

The Cause of Sleep

SIR,—In Dr. W. Russell Brain's interesting paper on sleep in the *Journal* of July 8 (p. 51) the following statement is made: "The extension of inhibition to the waking (hypothalamic) centre might produce sleep without sleep necessarily being identical with an extension of inhibition over the whole cortex."

Leaving the word "whole" out of discussion, the work of Pavlov does indicate that normal sleep depends upon the general spread of a process of inhibition over the cortex, and this inhibition apparently descends to sub-cortical levels, including that of the hypothalamic waking centre. To suggest that there might be inhibition of this waking centre without a corresponding dominance of inhibition in the cortex is to imply that the cortex could be "awake," as during the excitation of consciousness, while the rest of the body was "asleep." In view of the fact that in normal conditions the cortex always dominates in the main the lower nervous levels, this suggestion is not tenable for normal individuals. The lower nervous levels cannot normally act in discordant opposition to cortical function, according to the overwhelming weight of evidence of neurology and comparative anatomy.

Kleitman's contribution has been to show that a "functional break" in the reception of stimuli by the cortex is involved in the phenomenon of sleep. In Pavlov's dogs this functional break was an effect of sleep, induced as internal inhibition by a monotonous stimulus, under conditions which minimized other exteroceptive stimuli. Kleitman has shown that this functional break, in the form of a relative cessation of exteroceptive and proprioceptive stimuli, can be a cause of sleep as well as an effect. Even in Pavlov's dogs Kleitman's factor was present as a cause as well as an effect, since the dogs were immobilized, with the exclusion of most ordinary stimuli from the room.

It is common knowledge that muscular relaxation in quiet and still surroundings is conducive to sleep. And in such surroundings monotonous stimuli such as a ticking clock (indoors) or running water or rustling leaves (outdoors) are frequent accompaniments of a relative cessation of exteroceptive and proprioceptive stimuli. It may be observed everywhere that a relative cessation of stimuli as a cause of sleep frequently acts in conjunction with monotonous or familiar stimuli of low intensity. In physiological terms internal inhibition induced by such stimuli is assisted in its spread by a diminution of excitation-provoking stimuli, this diminution being itself a cause of sleep.—I am, etc.,

Brighton, July 9.

R. L. WORRALL.

The Abortion Report

SIR,—Although Professor Raymond Pearl is a weighty authority, his view as to what "appears" to be indicated by American statistics is only an opinion. The statistics themselves are facts, and are open to other explanations. To test this, can the Family Planning Association give figures for the incidence of abortion in France—a country which seems highly efficient in the practice of birth control?

Mrs. Margaret Pyke does not answer my point as to lack of need for instruction in contraception; our present

birth rate suggests a fair degree of knowledge already exists. Experience in V.D. centres indicates that there is a "danger of serious repercussions" from further dissemination of contraceptive knowledge. General discussion of contraception is not possible within the limits of a letter, but I would be happy to undertake such a discussion with Mrs. Pyke in a suitable forum. My letter was intended to question the accuracy of the statement that dissemination of contraceptive knowledge is an obvious remedy for the prevalence of induced abortion.—I am, etc.,

Darwen, Lancs, July 9.

R. C. WEBSTER.

Medicaments and Dressings: Control of Prices

SIR.—Some steps are being taken to prevent excessive profiteering on the part of those who supply the means of defence and counter-destruction in preparation for the much-expected war. This laudable principle has recently been extended to include such vital articles of maintenance as food and drink. It would be of interest to our profession (and no less to the public in general) to know that similar efforts are being made to safeguard them both effectively against exploitation in respect of medicaments and dressings of recognized value and wide application, such as might easily arise during hostilities on a large scale. Whatever may have been the explanation for the abnormal rise in prices during the last war, there should be no excuse now for a repetition of such profiteering. So who is going to do something about it?—I am, etc.,

London, W.10, July 8.

GEORGE DE SWIET.

The Services

DEATHS IN THE SERVICES

Surgeon Captain EDWARD CHARLES SAWDY, R.N. (ret.), died at Bournemouth on June 22. He was educated at St. Mary's Hospital and took the M.R.C.S., L.R.C.P. in 1898, after which he entered the Royal Navy. He attained the rank of surgeon commander on November 3, 1912, and retired, with an honorary step in rank, as surgeon captain on December 30, 1926. He served in the war of 1914-18, receiving the medals.

Colonel ALFRED WILLIAM BEWLEY, C.M.G., late A.M.S., died at Alverstoke on June 18, aged 73. He was born at Stillorgan, Rathdown, Dublin, on February 21, 1866, was educated at the Royal College of Surgeons in Ireland, and took the L.R.C.P. and S.I. in 1887. After filling the post of resident medical officer at the National Children's Hospital in Dublin he entered the Army as surgeon on February 1, 1890, became lieutenant-colonel on May 15, 1912, colonel in the long war promotion list of March 1, 1915, and retired on September 1, 1919. He served in the Chitral campaign on the North-West Frontier of India in 1895, with the relief force, receiving the frontier medal with a clasp, and in the war of 1914-18 as an A.D.M.S. in France and Flanders, when he was mentioned in dispatches in the *London Gazette* of February 17, 1915, January 1, 1917, and May 29, 1917. He received the C.M.G. in 1917.

Lieutenant-Colonel GEORGE BEDINGFIELD HOLROYDE, M.C., R.A.M.C., died in the Military Hospital, Cairo, after an operation, on July 2, aged 53. He was born on January 2, 1886, the son of Dr. John Holroyde of Chatham, and was educated at the London Hospital and took the L.M.S.S.A. in 1914. He entered the Royal Army Medical Corps as temporary lieutenant on September 10, 1914, became temporary captain after a year's service, and took a permanent commission as captain on November 1, 1919, being ranked as captain from March 10, 1918. He attained the rank of major on March 10, 1926, and became lieutenant-colonel on October 13, 1937. He served throughout the war of 1914-18, was mentioned in dispatches in the *London Gazette* of July 21, 1917, and received the Military Cross.

Universities and Colleges

UNIVERSITY OF OXFORD

The following medical degrees were conferred in Congregation on July 15:

D.M.—W. H. Brown, R. McDonald.
B.M.—W. A. H. Stevenson, G. Theophilus, R. T. Warren, J. F. Bourdillon, G. J. Walley, G. Ashforth, E. S. Elliott, R. M. Lattey, T. Sutton Coulson, G. D. Walker, J. N. Mills, J. W. B. Douglas, G. K. McGowan, J. A. L. Leeming, J. T. Burrowes, E. S. Nicholson, F. Fulton, J. W. Ashley, N. F. E. Burrows, S. J. S. Hughes, S. F. Taylor, M. M. Pickles.

UNIVERSITY OF CAMBRIDGE

At Peterhouse, Cambridge, a scholarship of the annual value of £100 or £60 is offered, which is restricted to candidates who intend to study medicine. The scholarship is open for competition (in addition to a number of open scholarships and exhibitions) by an examination to be held in December, and may be awarded for proficiency in mathematics, classics, natural sciences, or history. Particulars may be obtained from the Tutor, Peterhouse, Cambridge.

UNIVERSITY OF LONDON

Brown Animal Sanatory Institution

The Report of the Brown Institution Committee for 1938 records that the superintendent has continued his researches on viruses, and in addition some experiments have also been carried out on the exceedingly minute filter-passing organisms which were described from the Brown Institution during the investigation on influenza. Dr. Nathan Raw has continued his researches on the production of non-virulent strains of human and bovine tubercle bacilli. Four lectures on the position of viruses in the organic world were delivered in December, 1938, as required under the will of the founder. During the year 933 cases were treated as out-patients, and the number of operations performed was 195.

Graham Fund

The annual report of the Graham Legacy Committee for 1938-9 states that the general purpose for which the Graham Fund was founded was to aid research in the school of advanced medical studies connected with University College Hospital. Mr. C. H. Gray resigned the Graham Scholarship on October 1, 1938, on appointment as biochemist to King's College Hospital, and Dr. R. M. Calder was appointed Graham Scholar from November 1, 1938. Dr. Calder is engaged on a histological study of the growth of splenic grafts, and is also investigating the relation of diet to liver degeneration induced by toxic substances. Dr. C. Bolton, Professor G. R. Cameron, Dr. L. E. Glynn, Dr. M. Maizels, and Mr. F. H. Teale have received grants in aid of research from the fund.

Professor C. R. Harington, F.R.S., was appointed Director of Research under the Charles Graham Medical Research Scheme for one year from October 1, 1938.

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

The following candidates have been approved at the examinations indicated:

ACADEMIC POSTGRADUATE DIPLOMA IN PUBLIC HEALTH.—T. K. Abbott (not eligible to receive the diploma until December, 1939), Rosetta C. Barker, Lily Bennett, Margaret Brodigan, H. B. C. Carter-Locke, J. Clark, C. S. Davies, D. O. Dickie, Jean Duncan Whyte, R. W. Elliott, C. N. Faith, Margaret A. B. Fleming, May E. M. Fleming, J. F. Houlihan, E. C. H. Huddy, J. H. Lawrence, H. A. Leggett, V. N. Leyshon, F. D. M. Livingstone, Jean J. Macdonald, J. P. McGladdery, R. W. Markham, Isobel M. S. Marshall, T. G. Martin, *E. L. M. Millar, Anil Mukerji, Dorothea M. Norman-Jones, M. N. Pai, P. Pau, M. M. Sircar, G. R. Taylor, *R. C. Wofinden, Grace E. Woods, Rowena Woolf.
ACADEMIC POSTGRADUATE DIPLOMA IN BACTERIOLOGY.—H. L. Carruthers, W. J. Godden, D. F. Gray, G. J. G. King, I. MacKay, C. D. Parker, *M. T. Parker, Y. S. Rao, Marion Ross, L. B. E. Seneviratne.

* Awarded a mark of distinction.

LONDON HOSPITAL MEDICAL COLLEGE

The Price University Entrance Scholarship, of the value of £100, has been awarded by the College Board to J. B. Stanton of St. John's College, Cambridge, and M. Evnine of New College, Oxford (equal, prize divided), for the academic year 1939-40.

LONDON (ROYAL FREE HOSPITAL) SCHOOL OF MEDICINE FOR WOMEN

The following scholarships have been awarded for 1939-40:

St. Dunstan's Exhibition: J. F. Tucker. *Mrs. George M. Smith Scholarships (Special)*: D. A. Chapman and M. J. Flach. *A. M. Bird Entrance Scholarship*: P. H. Eversleigh. *Mabel Sharman Crawford Scholarship and Special Mrs. George M. Smith Scholarship*: N. Hewitson.
MacIntyre Evans Scholarship: D. A. Pullen. *Dr. Margaret Todd Scholarship*: E. E. Simpson. *Sarah Holborn Scholarship*: Q. M. F. Adams. *Fanny Butler Scholarship*: Dr. M. Weigert. *Extra*: A. M. Gray. *A. M. Bird Clinical Scholarship*: V. J. McMullen. *Alfred Langton Scholarship*: I. Hewitt. *Ellen Walker Bursary*: B. D. Owens. *Flora Murray Bursary*: I. G. Little. *Emma Beilby Bursaries*: I. S. Chalmers and J. M. Holtzmann. *A. M. Bird Post-graduate Scholarship in Pathology*: Dr. A. U. Fraser. *Mabel Webb and A. M. Bird Research Scholarship*: Mrs. A. M. Stewart, M.D., B.Ch., M.R.C.P.

UNIVERSITY COLLEGE

The following awards have been made at University College in the Faculty of Medical Sciences:

Andrews Entrance Scholarship, P. J. Hare. *Bucknill Entrance Scholarship*, Audrey Palmer. *Epsom Entrance Scholarship*, J. W. T. Dixon. *Medical Entrance Exhibitions*, Patricia M. Lloyd, R. H. Shephard. *Medical Entrance Scholarship*, I. R. Gray. *Cluff Memorial Prize*, Annette G. Cade. *Anatomy*: Senior Course, Gold Medal, Joyce A. Davies. *Embryology*: Percy F. Macgregor Research Scholarship, P. Ford. *Practical Anatomy*: Suckling Memorial Prize, Eva M. Graves. *Physiology*: Senior Course, Gold Medal, J. M. Wilson; B.Sc. Scholarships, Elinor H. Cleminson, H. B. Wright; Sharpey Scholarship, J. P. Quilliam; Bayliss-Starling Scholarship, R. R. Ridgeway.

The Combined Hospitals (St. Bartholomew's, Guy's, and St. Thomas's) announce the award of University entrance scholarships as follows:

St. Bartholomew's Hospital Medical College.—C. G. Phillips, Magdalen College, Oxford, scholarship; H. J. C. J. L'Etang, St. John's College, Oxford, exhibition, £60.

Guy's Hospital Medical School.—B. Ackner, Clare College, Cambridge, scholarship; D. L. Mollin, University College, Wales, exhibition, £60.

St. Thomas's Hospital Medical School.—C. O. Carter, Queen's College, Oxford, scholarship; J. F. P. Skrimshire, Clare College, Cambridge, exhibition, £60.

The following candidates have been approved at the examination indicated:

ACADEMIC POSTGRADUATE DIPLOMA IN MEDICAL RADIOLOGY.—G. W. Boden, M. L. Mundy, M. Nasiruddin, Peggy C. Permain.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

At a quarterly meeting of the Council, held on July 13, Mr. Hugh Lett was re-elected President, and Sir Robert Kelly and Sir James Walton were elected Vice-Presidents, for the ensuing year. Sir James Walton was readmitted and Mr. R. J. Willan and Mr. Cecil Joll were admitted to the Council.

Dr. Donald Balfour of the Mayo Foundation, New York, and Professor Peter Bull of Oslo were admitted as Honorary Fellows.

The John Tomes Prize was presented to Mr. Arthur Bulleid; the Hallett Prize, granted on the result of the Primary Examination for the Fellowship, was awarded to Mr. William Martin Beattie of Liverpool and Cambridge; and the tenth Macloghlin Scholarship for medical students was awarded to Mr. Ronald Henry Gorrill of Torquay Grammar School.

Lecturers

The following lecturers were appointed for the ensuing year:

Hunterian Professors.—Mr. S. A. Henry, one lecture on Cancer of the Scrotum in Relation to Occupation; Mr. C. P. G. Wakeley, one lecture on the Treatment of Certain Types of External Herniae; Mr. Digby Chamberlain, one lecture on the Treatment of Stone in the Common Bile Duct; Mr. A. R. Mowlem, one lecture on the Use and Behaviour of Cartilage and Bone Transplants; Mr. H. Taylor, one lecture on the Clinical Evaluation of Gastroscopy; Mr. E. C. B. Butler, one lecture on Some Observations on the Treatment, Complications, and Late Results of Acute Haematogenous Osteomyelitis, based on a Study of Five Hundred Cases admitted to the London Hospital during the years 1919-37 inclusive; Mr. A. H. McIndoe, one lecture on Inlay Grafting; Mr. T. F. Todd, one lecture on the Urological Complications of Carcinoma of the Cervix; Mr. D. Ll. Griffiths, one lecture on Volkmann's Ischaemic Contracture; Mr. F. F. Rundle, one lecture on the Pathogenesis of Thyrotoxicosis—Clinical Aspects; Mr. K. C. Eden, one lecture on Dumb-bell Tumours

and Neuro-fibromatosis of the Spine, with Special Reference to Bone Changes; Mr. F. H. Mills, one lecture on the Pathogenesis of Thyrotoxicosis—Experimental Aspects.

Arris and Gale Lecturers.—Dr. John Beattie, two lectures on subjects relating to human anatomy and physiology; Mr. M. W. C. Oldfield, one lecture on the Anatomy and Physiology of Speech.

Erasmus Wilson Demonstrators.—Mr. R. Davies-Colley, one demonstration, and Mr. L. W. Proger, five demonstrations, on the pathological contents of the Museum.

Arnott Demonstrator.—Mr. A. J. E. Cave, six demonstrations on the contents of the Museum.

Appointments

The following reappointments for the ensuing year were approved:

Mr. L. W. Proger, Pathological Curator of the Museum; Sir Frank Colyer, Honorary Curator of the Odontological Collection (on the nomination of the Royal Society of Medicine); Mr. C. J. S. Thompson, Honorary Curator of the Historical Collection.

Mr. Frank Harland Mills, F.R.C.S. (Sydney), was appointed a Leverhulme Scholar for three months.

Professor G. Grey Turner was appointed as the representative of the College on the Council of King's College, Newcastle.

The following Assessors were appointed for the Primary Fellowship Examinations to be held in India and Egypt in 1940:

India: Professor M. A. H. Siddiqi, F.R.C.S. (Anatomy); Lieutenant-Colonel H. S. Anand, I.M.S. (Physiology).

Egypt: Professor Douglas E. Derry, M.B. (Anatomy); Professor G. Von Anrep, M.D. (Physiology); Dr. Boris Boulgakov (Superintendent of Dissections).

Diplomas

Diplomas of Fellowship were granted to the following:

John Roscoe Dickinson (Cambridge and Guy's), Guy Harrison Baines (Cambridge and St. Thomas's), Francis Joseph Cahill (Melbourne), Francis Edgar Stock (King's College), Yadav Mahadeo Subhedar (Bombay).

A diploma of Membership was granted to Peter Walter Willison Gifford of Birmingham.

Diplomas were granted jointly with the Royal College of Physicians of London as follows:

DIPLOMA IN PUBLIC HEALTH.—L. A. Collins, E. A. Hardy, H. B. Hodson, S. B. Karani, S. A. Maclean, Margaret M. Meikle, J. Morana, Kathleen M. N. Vickers.

DIPLOMA IN PSYCHOLOGICAL MEDICINE.—Rosie B. Becker, F. A. Bleaden, N. Copeland, W. A. S. Falla, S. W. Gillman, F. P. Haldane, F. E. S. Hatfield, J. A. Herd, J. H. Hurt, H. A. C. Mason, Elizabeth H. Rosenberg, C. A. Rumball, J. P. Spillane, Joyce M. Stephen, G. T. Stockings, F. J. E. Stuhl, S. Le R. Switzer, J. A. Walters, Fanny D. Wride.

DIPLOMA IN LARYNGOLOGY AND OTOTOLOGY.—O. I. E. De Sousa, T. P. Hardie Neil, S. W. G. Hargrove, J. F. Jarvis, F. J. Kritzing, En Fo Lai, K. G. Rotter, A. S. Shereen, J. Singh, T. P. N. Sinha.

Medical News

The Left Book Club Medical Group was started six months ago and has been meeting regularly ever since. At the first meeting Dr. Harold Balme spoke on medical work in China. As a result of this talk the problem of medical aid was raised. At a meeting to be held on Friday, July 28, at 8.30 p.m., at the University Labour Club, 15, Percy Street, W.C.1, Dr. Baer will speak on conditions in the refugee camps in France, Professor P. C. Chang on conditions in China to-day, and Dr. M. L. Gilchrist on the work of the China Medical Aid Committee. An appeal will be made for funds, which will be used for the equipment of doctors who are going to China. The next regular meeting of the club will be held at the University Labour Club on Thursday, August 3, at 8.30 p.m., when Miss Barbara Low will open a discussion on "The Psychology of Propaganda." The committee has decided to make a charge of 6d. admission at this and future meetings to cover expenses.

The next meeting of the German Dermatological Society will be held at Breslau from August 16 to 18, under the presidency of Professor Zieler of Würzburg.

The *Dermatologische Zeitschrift*, founded in 1897, is being continued under the name *Dermatologica* (*International Journal of Dermatology*).

The second International Congress for the Investigation of Biological Rhythm will be held at Utrecht on August 25 and 26. Further information can be obtained from Dr. F. Gerritzen, Lunteren, Holland.

The third All-India Obstetrics and Gynaecological Congress will be held at Calcutta in December. The principal subjects for discussion are anaemia of pregnancy, functional uterine haemorrhage, and maternity and child welfare. The provisional scientific committee of the congress has formulated a scheme to facilitate investigation in these subjects, and full particulars may be obtained from the secretary of the committee, Dr. S. Mitra, 3, Chowringhee Terrace, Calcutta.

The twelfth International Congress of the History of Medicine will be held in Berlin from September 22 to 28, 1940. The chief subjects for discussion are the evolution of medicine from Harvey to Haller, introduced by Dr. Laignel Lavastine, professor of the history of medicine in the Paris Faculty, and the history of typhus, introduced by Professor Zeiss, director of the Institute of Hygiene at the University of Berlin.

King Boris of Bulgaria has been made an honorary doctor of medicine of Sofia University on the occasion of the fiftieth anniversary of its foundation.

The Advisory Committee of the Leverhulme Research Fellowships has awarded a Fellowship to Mr. D. L. Griffiths, F.R.C.S., clinical assistant in the orthopaedic department of Manchester Royal Infirmary, for his work on the comparison of radiological and histological features in bone tumours. Information concerning the fellowships may be obtained from the secretary, Leverhulme Research Fellowships, Union House, St. Martin's-le-Grand, E.C.1.

EPIDEMIOLOGICAL NOTES

Infectious Diseases for the Week

During the week a very slight increase in the notifications of diphtheria in England and Wales was recorded; the figure is exactly the same as the median value for the last nine years, but is well below that of the same week of 1938. On the other hand, scarlet fever continues to increase in England and Wales. High figures were recorded for London 203 (166), Battersea 10 (13), Islington 19 (12), Hackney 14 (11), Lewisham 16 (8), Woolwich 16 (13), Stepney 22 (14), Wandsworth 26 (28), Hendon 14 (8), Tottenham 16 (5), Ealing 10 (8), Edmonton 10 (5); Birkenhead 10 (10), Derby County Borough 13 (15), Dagenham 12 (6), East Ham 10 (5), Bristol 21 (21), Liverpool 64 (58), Manchester 50 (40), St. Helens 21 (15), Leicester 10 (6), Stoke-on-Trent 21 (30), Wolverhampton 28 (19), Birmingham 32 (34), Coventry 27 (15), Kingston-upon-Hull 16 (11), Cardiff 14 (24), and Pontardawe, Glamorgan, 10 (13). Figures in parentheses refer to cases notified in the previous week.

Thirty-two cases of enteric fever were recorded, compared with 30 in the previous week. The following were the centres chiefly affected: 2 each in Mexborough and Spenborough in West Riding of Yorkshire, 2 in Rhondda Urban District, and 1 in Pontypridd. Of the 3 London cases, one each occurred in Battersea, Wandsworth, and Westminster.

Cerebrospinal fever appears to be on the increase, the notifications for the last four weeks being 21, 20, 26, 32 (week under review). The largest number of notifications were recorded in Glamorgan 6 (Rhondda 3, Cardiff 1, Pontardawe 1, Llantrisant and Llantwitfardre 1), Monmouth 6 (1 each in Abergavenny, Abertillery, Bedwelty, Ebbw Vale, Risca, and Tredegar), Stafford 4 (Walsall 3, Stoke-on-Trent 1), and Warwick 3, all of which were in Birmingham.

In England and Wales 15 cases of poliomyelitis were notified, compared with 6 in the corresponding week last year, and in London the figures were 2 and 0 respectively. Notifications in the immediately preceding four weeks were 2, 15, 12, and 3; the corresponding figures for last year were 5, 0, 4, and 3. It would be unsafe to prophesy that the increase in notifications this year indicates that an epidemic of the same proportions should be expected.