

Scotland

William Mackenzie Medal

The William Mackenzie Medal for 1930 for original contributions to ophthalmology of outstanding merit has been awarded by the custodians, the Glasgow Eye Infirmary, on the advice of a committee representative of the University of Glasgow, the surgeons of the Glasgow Eye Infirmary, the surgeons of the Glasgow Ophthalmic Institution, and the Fellows of the Royal Faculty of Physicians and Surgeons of Glasgow, to Mr. E. Treacher Collins, F.R.C.S. The medal will be presented at the Faculty Hall, 242, St. Vincent Street, Glasgow, on Friday, October 30th, at 8.30 p.m., when Mr. Treacher Collins is to give an address.

Glasgow Post-Graduate Courses

The winter session of the Glasgow Post-Graduate Medical Association will begin on November 4th and end on May 25th, 1932. The range of subjects at the series of clinical demonstrations on Wednesday afternoons includes medicine, surgery, obstetrics, and a number of special subjects; the fee for the course is £3 3s. A series of special lectures will be given on Tuesday afternoons at the Royal Faculty of Physicians and Surgeons, dealing with some of the practical problems of medicine in the light of recent observations and research. The lectures are free to all medical practitioners. The staff of the Glasgow Eye Infirmary has arranged special courses in ophthalmology, and facilities for the study of clinical obstetrics and ante-natal work are offered at the Royal Maternity and Women's Hospital. A course of demonstrations on diseases of the ear, nose, and throat has been arranged at the Ear, Nose, and Throat Hospital from the middle of April to the middle of May, and a course on radium therapy is offered at the Radium Institute of the Glasgow Royal Cancer Hospital. In most of the institutions taking part in the work clinical assistantships are available. Full particulars can be obtained from the secretary, Dr. James Carslaw, 9, Woodside Terrace, Glasgow, C.3.

New Edinburgh Professor

The inaugural lecture of the chair of anatomy at Edinburgh University was delivered on October 6th by Professor James Couper Brash, who has been elected to the chair of anatomy in succession to Professor Arthur Robinson, retired. Professor Sydney Smith, dean of the Faculty of Medicine, presided, and said that Professor Brash was an old Edinburgh student, who had passed successively through the faculties of arts, science, and medicine, and had now returned from Birmingham, where he had been professor for many years. Professor Brash referred to the high level to which teaching in this chair had been raised by its occupants during the nineteenth century. He said that it was now being more and more realized that the analysis of the dead body was a preliminary to the synthesis of the living body. In anatomy they should aim at a reasonable basis in their methods of instruction, remembering that an adequate knowledge of the structure of the human body was essential, some of it directly for practice, and some of it indirectly towards the understanding of other subjects. Anatomy and physiology were two aspects of the same knowledge of man's body, and interpretation gave the soul to anatomy. Some people regarded anatomy as a pure science, sufficient to itself, but the speaker thought that the anatomist, without losing sight of this scientific aspect, should remember that the justification for his existence was the application of his knowledge to the science and art of medicine. John Goodsir, amid his speculations on the

geometrical basis of organic form, had had a great passion for accuracy in the measurements and observations on which he based his theories, and the speaker thought he could not do better than keep before him Goodsir's ideals.

Banff District Mental Hospital

At a meeting on September 24th, the Banff County Council appointed Dr. George Macdonald Bell medical superintendent of the county mental hospital at Ladysbridge near Banff, in succession to Mr. John Chisholm, who had been non-medical superintendent. Hitherto the hospital, which has 210 beds, has had only a visiting medical officer. Dr. Bell is 31 years of age, and graduated M.B., Ch.B., at Edinburgh University in 1928. Till recently he has been senior medical assistant in Fife District Asylum.

England and Wales

Guild of St. Luke: Annual Service

The annual service of the Guild of St. Luke, Evangelist and Physician, will, by kind permission of the dean, be held at St. Paul's Cathedral on Sunday next, October 18th, at 3 p.m. Seats will be reserved for medical practitioners and students, all of whom are invited to attend, whether they are members of the Guild or not. Those wishing to take part in the procession should robe in the Chapel of St. Michael and St. George. The Guild of St. Luke was founded in 1864 by medical students. It was meant primarily for themselves and their fellows as a help in the special difficulties and temptations of a medical student's life. It still desires to appeal especially to medical students, but it also serves to keep before the mind of all who deal with the diseases of the body that highest part of man's nature which finds its expression in religion, its object being the mutual encouragement and support of its members in leading a Christian life. Membership of the Guild is open to students and practitioners of medicine who are communicants of the Church of England, the clergy of which are eligible for election as clerical associates. The entrance fee is 1s., and the annual subscription not less than 2s. 6d. or more than £1 1s. Tickets for the service and further particulars concerning the Guild may be obtained from the mission secretary, the Rev. S. D. Bhabha, M.D., 8, Drakefell Road, St. Catherine's Park, S.E.14.

New Radiological Pavilion at Edmonton

A new radiological pavilion, constructed and equipped on the most modern lines, was opened at the North Middlesex County Hospital on September 29th. This is the latest of several recent departures at the great Edmonton hospital, including the installation of a radium treatment centre, which we have noticed in our columns from time to time. The opening ceremony was performed by Alderman G. Marlow Reed, chairman of the Middlesex County Council, which is the authority administering the hospital. The new pavilion consists of two radiographic rooms, one of which is used also for the purpose of x-ray treatment, together with a power room, a dark room, a demonstration room and clinic, and the usual dressing cubicles and store accommodation. In the first radiographic room the apparatus consists of a radiographic table with tube above and below, a Gaiffe-Bucky grid table for fine bone and abdominal work, and a vertical screening stand fitted with two tubes, one for barium-meal examination at a distance of thirty inches, and the other for chest teleradiography at a distance of two metres. The second room has self-rectifying tubes working at 30 milliamperes for radiography, and is provided also with apparatus for deep x-ray treatment, and with

tables and couches to correspond. It is claimed that the transformer in the power room is the most modern in the country; it is a 6-valve, 3-phase, 415-volt machine, fitted with relay switchgear and controls, and the high-tension current is carried through a panel in the wall to an automatic switch in the radiographic room. The dark room is equipped with two sets of thermostatic developing tanks and a drying cupboard, and is approached by a light-trap room with two doors, only one of which can be opened at a time; opposite is a plate room, where all kinds of photography and lantern slide work can be carried out. The film store is in a separate building, made of concrete and steel, and having an automatic sprinkler and alarm. Another room in the pavilion is intended for demonstrations and clinics. It has a silver screen for the cinematograph or the lantern and a balcony for the projecting instrument, and it is furnished for teaching purposes. It goes without saying that every attention has been paid to ventilation by electric fans and air ducts, the prevention of noxious fumes, and the protection of the worker by specially treated walls and doors. In fact, the pavilion, in which many Continental ideas have been incorporated, is a model of what an x-ray department should be. It is on a site corresponding with the principal operating theatres of the hospital, and is entirely on the ground floor. On the same occasion a nurses' home extension was opened, in the shape of a large residential block of three stories, providing, with the buildings already in existence, 210 separate bedrooms for sisters and nurses, and extensive arrangements to meet educational, recreational, and culinary requirements. Several members of the county council made brief speeches on the occasion, and prayers of dedication were said by the Bishop of Willesden.

Surgical Instrument Makers at Dinner

The annual dinner of the Surgical Instrument Manufacturers' Association took place at the Holborn Restaurant on October 9th, when Mr. Patrick C. Maw presided over a large company of members and guests. In toasting the association, Mr. H. Guy Drew sketched its fourteen years of history. It was called into being by the necessities of the war, and after the war there was some hesitation as to whether it should be continued. But the need for an organization to encourage British manufacturers, to put forward the special view of the surgical instrument maker, and to deal with post-war conditions such as dumping, the disposal of war stores, and Government and trade union interference, was soon apparent. Mr. Drew said that during its history the association had given close attention to nineteen pieces of projected legislation, and had taken part in sixteen deputations to Government Departments. Mr. Patrick C. Maw, in his reply, mentioned that during the past year an attempt had been made to defeat the wiles of some firms in circumventing the Merchandise Marks Act, and the association was able to give information to the Board of Trade whereby successful prosecutions took place in two cases. Dr. A. N. Gardner proposed the toast of "The Guests," and, in responding, Mr. T. P. Dunhill remarked on the ancient association of the instrument maker and the surgeon. Probably in prehistoric times the same individual made the implement and performed the operation, proceeding to greater refinement in the fashioning of his tool as experience taught him. Then, as time went on, one man, more skilful and sensitive than his fellows, would find his interest concentrating in the making of the tool itself rather than in the use of it. Thus, little by little, the two crafts would diverge. Some surgeons, said Mr. Dunhill, prided themselves upon the simplicity of their implements, and spoke scornfully of complicated devices. But while there was much to be said against over-elaboration, it sometimes happened that

the life of a patient depended upon the availability of a complicated mechanism, and the more simple one would not suffice. The speaker added that he believed this country to be unexcelled in the making of surgical instruments, but it was well to learn everything possible from foreign nations, and then to try and go one better. He had often had occasion to admire the ingenious mechanisms which instrument makers had brought to his notice. Mr. A. Melhuish also responded to the toast, and a few further words of appreciation from the point of view of the guests were said by Mr. L. Ferris-Scott.

Correspondence

COMMON INJURIES OF THE KNEE-JOINT

SIR,—In his article on the diagnosis and treatment of common injuries of the knee-joint, in the *Journal* of October 10th, Mr. Naughton Dunn analyses the lesions found in 522 consecutive cases of injury to the knee-joint, of which 179 were diagnosed as lesions of the internal cartilage (139 being confirmed by operation), and 71 of the external cartilage (46 being confirmed by operation). The report of the proceedings of the Section of Orthopaedics at the Annual Meeting of the British Medical Association, at which the paper was read, states that practically all subsequent speakers commented on this proportion of injuries as most abnormally high. My personal experience, based upon a large series of cases, which I analyse in considerable detail in the forthcoming second edition of my book, *Internal Derangements of the Knee-Joint*, leads me, however, to agree with Mr. Naughton Dunn that the proportion of injuries to the external semilunar cartilage has previously been greatly under-estimated.

In my last personal series of 100 consecutive patients upon whom I have operated for semilunar cartilage derangement (39 hospital and 61 private patients), I found it necessary to remove the external meniscus in no fewer than 20 cases (17 in private and 3 in hospital patients). It is interesting to note that 8 of these cases were associated with a lesion of the internal semilunar cartilage, which required removal either simultaneously (2 cases), at a previous operation (5 cases), or subsequently (1 case). One case was associated with a cyst of the external semilunar cartilage, one with ruptured anterior crucial ligament, one with an osteophyte growing from the inner surface of the tibial head, and one with loose body and traumatic arthritis. Of the 20 cases, 12 were thus complicated, which seems to support the theory that lesions of the external semilunar are associated with a greater degree of violence than are lesions of the internal semilunar. It is interesting to observe in this connexion that six of my cases occurred in professional footballers, and I entirely concur with Mr. Dunn in his conclusion concerning the extremely high percentage of injuries to the external semilunar in these players. Indeed, in my last eight operations upon professional footballers for semilunar cartilage lesions, I removed a damaged external semilunar in seven!

The pathological types of lesion of the external semilunae found in my personal cases were as follows. Longitudinal fracture ("bucket-handle" type) (8 cases—complete 7, incomplete 1).—In one of these cases, a lady, there was an associated complete "bucket-handle" lesion of the internal semilunar, which I removed at the same operation. In another, a professional footballer, a "bucket-handle" lesion of the internal semilunar occurred in the same knee two years later, necessitating a second operation. He made a good recovery from the two operations, and has played regularly since. Oblique fracture (4 cases).—One of these was associated with cyst of the affected semilunar, and this specimen is now in the museum of the Royal College of Surgeons of England. Hypermobility without actual fracture (6 cases).—Of these, 5 were associated with a lesion of the internal semilunae (1 "bucket-handle" lesion and 4 hypermobile), and 1 with rupture of the anterior crucial ligament—in a