either of the polyvalent variety, or it may be a specific
cultivator for the particular causative organism, the latter
having first been determined by bacteriological examination.

In conclusion my thanks are due to Dr. J. Menton,
director of the Staffordshire County Bacteriological Labora-
tory, for his kindness in performing the many bacterio-
lolgical examinations necessary in the course of this case,
and for many useful suggestions as to its treatment.

REFERENCES.
1 Simonds, J. S.: Rockefeller Monograph, No. 5, 1915.
2 Weinberg and Segal: Le Gangrene Gasuseae, Masson et Cie, 1918.

GAS GANGRENE FOLLOWING A MOTOR ACCIDENT.
by
EDWARD C. ELLIS, M.B., Ch.B., D.P.H.E.D.,
Cockermuth.

As the opportunity seldom arises in civil practice for
observing gas gangrene, the following case is, I think,
worth of record, occurring as it did after a motor acci-
dent, cases of which are so frequent both in town and
country districts.

A youth, aged 13, ran into the rear of a motor car, sustaining a
punctured wound of the left leg, produced by the projection
of the luggage carrier on the car. The head of the fibula was
lorn away from its articulation, and the arm of the carrier passed
through the interosseous space, tearing the tibiaIs anteriorly,
the extensor digitorum longus, and the posterior tibial vein, to re-
appearin the calf of the leg. The tibia was not fractured, but
the wound was cleaned just below the head. The posterior tibial
artery was intact.

On admission to the cottage hospital the wound was enlarged,
thoroughly cleansed with hydrogen peroxide, and brueded
and tissue removed. The posterior tibial vein was ligatured at its
commencement and ampoule the muscle and sheaths repaired. The
wound was closed anteriorly. Drainage being provided through the
wound in the calf of the leg. A prophylactic injection of antitetan.
sers, 500 und., was given locally. The limb was covered with
a few hours became warm and comfortable. Within eighteen
hours of the accident a foul acid smell from the leg was noticed
and the toes were cold. Twenty-two hours from the time
of the accident the whole limb from just below the knee was cold, dis-
coloured, and swollen. The patient was delirious, with a high
temperature and a rapid feeble pulse. After consultation, ampu-
tation was decided upon and carried out forthwith just below the
knee. On cutting the stitches, the underlying tissue was seen to
be discoloured and swollen, and the injured muscles were of
a dull black-red colour, and of putty-like consistency. On cutting
the muscles, green gas was seen to escape; gas also escaped
from portions of the vein distal to the ligature. The stump was
left open and irrigated by the Carrel-Dakin method. The patient
had a relapse a week after the amputation, accompanied by
a rise of temperature and delirium, the cause of which
is described below. Eventually he made a good recovery.

The case is described to Dr. J. T. Selby, Cockermuth,
and Mr. Richardson, Keswick, by whose courtesy I am able to publish
these notes.

Bacteriological Examination.
A small piece of vein and tissue which showed the presence of
gas was sent for examination, and the report stated that two
species of Gram-negative bacilli were present in large numbers, the
one short and plump, the other much larger and exhibiting, in
many cases, terminal or subterminal spore formation, Gram-
positive cocci were also present in small numbers, other bacilli,
chains resembling streptococci. The following facultative organisms were
isolated from the vein and tissue: staphylococci, Strepto-
coccus faecalis, and B. coli. A large Gram-positive, pleomorphic,
non-motile bacillus (B. welchii) was isolated also. No spore or capsule
formation could be demonstrated. It was a strict anaerobe,
and actively saccharolytic. No B. tetani were recovered,
nor any proteolytic organisms of the malignant oedema type.

There is no doubt that the emphysematous condition of the
wound was due to the activity of the B. welchii in the tissues.
But additional interest was given to the case because a slough
taken from the wound a week after the accident, when the
patient had a relapse with rise of temperature, etc., showed on
clinical examination the presence of a motile spore-bearing
bacillus, which produced acid and gas in carbohydrate
media, failed to coagulate milk, and did not liquefy gelatin. We
therefore isolated the bacillus from the B. welchii group, but
its morphology resembled the clostridium B. multiformemens
organized by genetic to guinea-pigs, but produced in them a large
amount of oedema.

The question arose as to whether the contaminations had arisen.
The road surface had been recently tarred and was comparatively
clean; but the patient was wearing trousers of material which
had been driven into the wound. Examination of blood-
stained and non-blood-stained portions of the trousers showed the
presence of B. welchii, B. coli, Staphylococcus faecalis, Staphy-
lococcus aureus, and B. megatherium, no anaerobes other than
B. welchii were recovered.

This case is of interest from several points of view. One is the exceedingly rapid onset of gangrene and the
presence of terminal and subterminal spore-forming
organisms, emphasizing the need for prompt prophylactic
inoculation of antitetanic serum in all street accidents; although no typical B. tetani were isolated, the inoculation
must have been properly administered. So far as the patient
was concerned, the presence of two gas-forming bacilli, the typical B. welchii being evident in the region of the
wound, while B. multiformens was demonstrated in a slough removed a week later.

Furthermore, it points to the advisibility of treating all punctured and contused wounds occurring in street acci-
dents and in agricultural districts by open irrigation and
dressings, although a somewhat similar case recently treated
by primary suture of muscle and sheath resulted in complete
functional recovery without sepsis or complications.

My partner, with thirty-three years' experience in an
agricultural district, tells me that he has never had a case
of gas gangrene, but has had four cases of tetanus. Of
these four cases three were punctured wounds: one was an
abrasion of the elbow received in a cycle accident; in this
case the wound was covered over with adhesive plaster by
the patient himself as a first dressing and neglected for a
few days; he died. In this district a large number of
wounds received by farm labourers and road workers in
the course of their work come under my care, and it is only in
punctured and contused wounds that any complications
have to be feared. Simple incised wounds lend themselves
better to healing, I have found.

The nidus of infection was here provided by the
clothing, and the pabulum for growth by the injured
yet viable muscle, assisted by stasis of the circulation and
lowering of the temperature of the limb due to shock.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

DIABETES MELLITUS TREATED WITH
GLUKHORM.

At the request of the Medical Research Council the clinical
effect of a preparation called "glukhorm," introduced by
Professor von Noorden in May, 1927, for the treatment of
diabetes, has been investigated. It was stated to be
obtained by "strong tryptic digestion of fresh pancreas
substance," and to contain no synthalin or related guniudine
compound. This statement, however, has been shown to be
disputed in the recent article by Drs. Dale and Dudley
(Journal, December 3rd, p. 1027).

In two cases of diabetes the effect of glukhorm has
been observed on sugar and ketone excretion, on the blood
sugar concentration, and on the general clinical condition.
Four tablets a day were given after meals. In both cases
the reduction of this glycosuria and the blood sugar was
obtained without any appreciable effect on the ketosis,
weight, or general clinical condition. Similarity in the
action of glukhorm to synthalin was at once noticed, in
regard to the slow onset of action, its prolonged action
after omission, and the production of toxic symptoms of
vomiting and depression.

CASE I.

A man, aged 57, a moderately severe diabetic requiring
insulin, was fed beyond his carbohydrate tolerance until a daily
glycosuria of about 25 grams was produced (diet : carbohydrate 140 grams,
protein 75 grams, fat 150 grams). Glukhorm reduced his blood sugar
concentration slightly, but glycosuria remained high. From 30 to 35
20 grams. No nausea or depression was produced.

CASE II.

A girl, aged 11, with very severe diabetes. The dose of insulin
was reduced sufficiently to allow glycosuria of about 25 grams.
Her diet was carbohydrate 60 grams, protein 60 grams, and fat 100 grams,
throughout the test and for ten days previously. She had been
on this diet for five weeks before. Her metabolism was not
entirely stable and her carbohydrate tolerance was improving slightly
at the time of the experiment. Glukhorm given a day prior to the test on
the third and fourth days, and the sugar excretion fell from 25 to 1 or 2 grams.
The number of tablets was reduced to two for three days, after which
again tolerated for without nausea or vomiting; the glycos-
uria remained low, and the blood sugar was reduced.
the glukhorment the sugar excretion rose to nearly its previous figure. This was again reduced by further administration of the tablet. It was not followed by pain, but not much less one day later. The gastric disturbance. Synthalin, 20 mg., was then substituted for the glukhorment, as this was judged to be the equivalent amount of information received from Dr. Dudley, but it caused severe nausea, headache, and depression, and 10 mg. of synthalin appeared to be about the clinical equivalent of three tablets of glukhorment. Synthalin was omitted and the glycosuric and hyperglycaemia returned, though to a less degree than before.

This case the toxic symptoms of nausea, vomiting, headache, and depression, and 10 mg. of synthalin appeared to be about the clinical equivalent of three tablets of glukhorment. Synthalin was omitted and the glycosuric and hyperglycaemia returned, though to a less degree than before.

The delayed onset on commencing and the continued action on omitting glukhorment (in both, about two days) is exactly what happens in cases where synthalin has any effect. Slight prostaturia without casts was produced by glukhorment, but no prostaturia of a synthalin-like substance, so that the potency of the active principle of glukhorment is probably reduced either by its poor absorption when mixed with dried pancreatic extract or by the antagonistic action of the latter.

In conclusion, the clinical results observed with glukhorment in these two cases of diabetes are precisely the same as reported in many cases with synthalin—namely, moderate reduction of glycosuria and hyperglycaemia and the production of similar toxic symptoms.

R. D. LAWRENCE, M.D., M.R.C.P.,
Biochemical Department, King's College Hospital.

A CASE OF PROTRACTED LABOUR.

The following case of protracted labour, apparently due to premature ossification of the foetal skull, seems worthy of record.

Mrs. X gives a maternal history as follows: Her first child was born at term, the labour being so quick that she was unable to have the child died in the birth. The second child was born two years later, the confinement being normal; the child is alive and now 10 years old. No further pregnancy occurred until the one under consideration.

She started to be in labour five days after the expected day, and continued in labour over two days without sending for me. I found the abdomen rather larger than usual; the presentation was a low occipito-anterior, and on vaginal examination I was unable to feel the promontory, although the head was rather higher than usual; the os was dilated to the size of a half-crown piece, and the membranes projected.

I waited nearly the next morning, and found that no progress had been made, and, indeed, even after noon the conditions locally were just as at my first examination, but her pulse rate was 120, and the abdomen was firm. I then had her removed into hospital and performed a Caesarean section. The child weighed 10 lb. 6 oz., and mother and child are quite well.

On examining the child's head I found that the anterior fontanelle was smaller than usual, and I then arranged for an x-ray examination of the head, and also for a control examination of the head of another child three weeks older. The negatives show that the frontal, occipital, and parietal bones give a much more dense shadow in the child in my case two days after birth, than those of the other child three weeks older.

I wonder if such a condition of the foetal head could have been diagnosed before birth; and, if not, how often some glukhorment has to be blamed for an unfortunate result which he could not have been expected to anticipate, however scrupulous he might have been in his antenatal care.

Oldham.

FRANK RADCLIFFE, M.D., J.P.

ACUTE PERITONITIS COMBINED WITH LABOUR.

The following case is worth recording, as illustrating the difficulty of recognizing acute abdominal conditions during and after labour.

A married woman, aged 39, was admitted to the maternity ward at Salisbury Infirmary on September 15th at 1 A.M. Two years earlier she had had a child, weighing 7 lb. (instrumental delivery), and three years before that she had been in a surgical ward with a very intractable cystitis due to E. coli. I saw her at 7.20 a.m. when the temperature was 104° F.; pulse 136, respirations 28. She said she had been feeling sick for about a week with abdominal pain, which she ascribed to tight-lacing in order to conceal her condition. She had done her ordinary work and had not mentioned her pain to her friends. She complained of being much more weak and exhausted than usual; the fever could not be made out.

The os was about the size of a shilling and the head was not engaged. The fundus of the uterus was found to be dislocated. The pains had become weak, and she was given one-sixth of a grain of morphia. She was examined again about an hour later. She still complained of slight pain and tenderness; the pulse and temperature were about the same. The os was then found to be about the size of half a crown, the head was still above the fundus of the uterus, and the posterioposition. The pains were stronger and the general condition quite good. The head was easily flexed and rotated into the right occipitanto-anterial position. An enema was returned unchanged. The membranes ruptured three-quarters of an hour later and a female child, weighing 7 lb. 1 oz., was born normally twenty minutes afterwards. The placenta came naturally five minutes after the child.

On the following morning the temperatures were 98° F., pulse 136, respirations 40. She was comfortable except for some slight abdominal pain. Next morning the temperature was 98.2° F., pulse 112, respirations 40. She had vomited several times in the night and she was slightly distended and tender. No physical signs could be found in the chest.

An enema was given and a facade motion obtained, but no flatus. In the evening the temperature was 100.6° F., pulse 136, respirations 60. Vomiting had continued and distension was more marked and there was free ascites in the abdomen. An enema was returned unchanged. The membranes ruptured three-quarters of an hour later and a female child, weighing 7 lb. 1 oz., was born normally twenty minutes afterwards. The placenta came naturally five minutes after the child.

Her condition went from bad to worse, and she died thirty-six hours later.

The fluid withdrawn from the abdomen gave a copious growth of pneumococci. The child appeared to be perfectly healthy.

JOHN ARMITAGE, M.R.C.S., L.R.C.P.,
Medical Officer, Maternity Department, Salisbury Infirmary.

TRIGEMINAL NEURALGIA PRECEDING ACUTE GLAUcoma.

The following is a brief account of an unexpected sequel to an apparently straightforward case of trigeminal neuralgia or tic-douloureux.

A woman, aged 65, had been subject to neuralgic headaches all her life; they had become more severe and localized during the last two or three months. They occurred at frequent intervals, usually beginning on waking, and consisted of a dull right-sided headache (hemicrania) with brief stabbing darts of pain in the right temple, forehead, and eye, radiating over the right side of the scalp. At such times the whole of the affected area was exquisitely tender; it would not be at all relieved, and the attacks were usually relieved in a few hours by rest and aspirin.

Examination on September 10th, 1926, showed nothing abnormal in the heart, lungs, or nervous system, but when pressure was 110/80 mm. Hg; the fundi were normal. A diagnosis of trigeminal neuralgia, for which no exciting cause could be made. The patient was anxious to proceed on a holiday to the Continent, but was dissuaded from this by her medical adviser, who suggested a short period of observation. On September 26th, 1927, she awoke with excruciating pain in the right forehead and cheek, coming on in paroxysms of a few minutes' duration. The pains were tender to touch and the eye was closed; a little circumcorneal injection was noted on the right side. Vomiting followed, but without relief, the pain being eventually relieved by 1/4 grain of morphia. The patient passed a good night, but the next day the pain was still present, and was localized in the right orbit. The tension of the globe on that side was increased, and there was much circumscribed contraction, but no disturbance of the acuity or field of vision. By evening the diagnosis of acute glaucoma was beyond all question, the head being steaming, temperature ++, and the fundus reflex lost. The condition failed to react to palliative measures, and on September 29th Mr. Hugh Wood arrived at the manner of trigeminal neuralgia for the closure of the right eye; recovery was uneventful. During the past year there have been occasional mild headaches, but the severe neuralgic attacks have completely ceased.

The manner in which glaucoma, in the prodromal stage, may mimic other disorders is well known, and this case is of interest in presenting a picture of lifelong tendency to headache, and of trigeminal neuralgia for the most months before the initial onset of acute glaucoma.

My thanks are due to Dr. R. B. Edwards of Mold, from whom the patient was referred, for help in the preparation of these notes.

B. SYDNEY ALLISON, M.D., M.R.C.P.
Ruthin Castle, North Wales.
DIET AND PYORRHOEA.

Sir,—For the past few years I have been firmly convinced that diet is a most important factor in the causation of both dental caries and pyorrhoea, and have advised my patients accordingly, with varying results, depending on which occupation is considered of greater value, "the pleasure of the table" or their teeth.

On January 20th, 1827, Mr. X was referred to me by his medical adviser, with the object of having several of his teeth extracted on account of pyorrhoea. He suffered from the typical symptoms of pyorrhoea, with marked gummaty gingivitis and pus exuding under pressure, from several points; salivary calculus was present in abundance on the lingual surfaces of the lower incisors and on the roots of the upper molars, and halitosis was very marked. In the upper jaw there were three teeth with ill-fitting gold crowns. X-ray examination revealed general absorption of the alveolar processes and severe inflammatory changes of the gums which I removed the gold crowns, revealed the pulp chambers, inserted ceramic dressings and sealed with temporary cement, being unwilling to proceed with the recrowning until I felt assured that the condition was responding satisfactorily to treatment. At the same time I performed thorough prophylaxis and instructed the patient in the proper care and hygiene of the mouth, including the use of a mouth wash composed of lemon juice and water. The patient reported the results of my examination to his doctor, at the same time telling him that I thought it would be possible to save all the teeth if the patient could be persuaded to adopt a diet he would recommend for him. The doctor readily agreed to this, and gave me whole-hearted support, which was of great assistance in the patient's case and to the success of the different periods that must elapse before any result could be seen or felt. The patient rather grudgingly agreed to give the treatment a trial for six months.

I prescribed a diet which contained a large proportion of fresh raw fruit and vegetables, and of which the salient features were three portions of fresh fruit, one of fresh carbohydrate, one of protein. The fresh fruit was eaten, absolutely alone, for breakfast; the carbohydrate meal consisted of any kind of coarse grained bread with plenty of butter, followed by a large raw vegetable salad, and the protein meal consisted of a small portion of meat (to be taken not oftener than twice a week), or eggs or fish or cheese or fowl, etc., always accompanied by two or three starchy vegetables, properly (that is, conservatively) cooked, and followed, as in the carbohydrate meal, by a large raw vegetable salad. I also allowed him when he so desired a partake of a purely vegetable soup (neither bones nor meat of any sort) in its prepared or stewed dinner form. The carbohydrate and protein meals were to be taken, one at mid-day and the other in the evening, in whichever order the patient preferred. No confinements of any description were to be consumed.

The patient has reported at intervals since his first visit, and an improvement has always been manifest. On November 14th, 1827, examination of his mouth revealed teeth firmly implanted in sockets, absence of put pockets, no halitosis, no calculus, and only the slightest trace of gingivitis, which, I am confident, will disappear after a further period of treatment. The patient himself said that he felt the rhematism, from which he had long suffered, was gone quite and that constipation was much less marked. In appearance he looks much more virile, his skin clean and healthy, and he declared, voluntarily, that his diet suited him admirably, and that he would never think of returning to the old regime.

This result confirms what Howe, McCollum, Simmonds, and others have been teaching—namely, that pyorrhoea is merely a symptom of a general poisoning of the body brought about by a wrong diet. I am, etc.,

Glasgow, W.2, Nov. 23rd.


TUBERCULOUS LESIONS FOLLOWING INJECTION OF PITUITARY EXTRACT.

Sir,—Would it not be as well to bear in mind the possibility that the cases noted by Messrs. Donaldson and Lane-Roberts were due, not to fresh infection by tubercle bacilli in the pituitary extract, but to stirring up of an existing tuberculous focus in the patient, either by the injection or by the disease for which it was given?

In our urban population most people are infected with tubercle, though only a small proportion of these suffer from it, and the breakdown is nearly always due to quite other causes than the infection. That disturbance of endocrine balance which tuberculosis is extremely probable, through the connecting metabolic links between different accepted causes of tuberculosi have not yet been clearly traced.—I am, etc.,

Farnham, Dec. 19th.

F. R. WALTERS.

THE BIPP METHOD.

Sir,—With reference to the remarks of Professor Rutherford Morison in your issue of December 10th (p. 1077) on the "bipp method" of treating infected wounds, I think that one reason why this invaluable method is not more widely used is that many of the leading chemists sell under the name "bipp" an ointment with a base of soft paraffin (paraffinum molle) instead of the liquid paraffin. Such a preparation will not form a film on the surface of a wound, and is therefore perfectly useless for the purpose intended.—I am, etc.,

A. G. COUILLIE, M.D., F.R.C.S.Ed.,
Chedlea, Staffs, Dec. 15th. Lieut.-Colonel, I.M.B.(ret.).

CONVEYANCE OF MILK.

Sir,—From your interesting note on the conveyance by rail of London's milk supply in glass-lined tanks (British Medical Journal, December 10th, p. 1102) it is not clear what precautions are taken to prevent contamination of the milk by mud and refuse from the churns when these are emptied into the trough which leads to the coolers.

I learn that in Denmark care is taken to avoid such contamination by not turning the churns upside down in emptying them, and by rejecting the bottom layer of milk in which the grosser impurities accumulate. Moreover, it is said that the milk is centrifugalized in order to remove muddy deposit. Perhaps the United Dairies Company would settle whether any of its members are adopting this process, or whether reliance is placed on sterilizing the mud by pasteurization.—I am, etc.,

December 12th.

Universities and Colleges.

UNIVERSITY OF WALES.

At the last meeting of the Court of the University of Wales, held at Colwyn Bay, it was decided to confer the honorary degree of LL.D. upon Sir Thomas Lewis, F.R.S., for his distinguished scientific work in medicine, particularly in cardiology; upon Sir Robert Philip, President of the British Medical Association, for his distinguished services to the science and profession of medicine; and upon Dr. H. B. Brackenbury, Chairman of Council of the British Medical Association, for his distinguished services to the profession of medicine.

J. J. Odell, Pro-Chancellor,
Professor of Anatomy,
THE BOARD OF MANAGEMENT, COLLEGE, LONDON.

DECEMBER 21ST, 1927.

THE BOARD OF MANAGEMENT FOR THE FRANCIS GATH MEMORIAL PRIZE IN PHYSIOLOGY has awarded the prize to John Carew Eccles, B.A., M.D., F.R.S., who was recently elected to a Junior Research Fellowship at Exeter College.

At a meeting held on December 17th the following medical degrees were conferred:

D.M.—Sir I. J. Eastwood.
F.R.C.S. (Ed.):—F. R. C. Nicholl.
F.R.C.S. (E.):—W. H. Harris.
F.R.C.S. (G.):—E. J. Ferguson.
F.R.C.S. (H.):—J. W. M. Campbell.
F.R.C.S. (L.):—J. W. M. Campbell.
F.R.C.S. (O.):—J. W. M. Campbell.
F.R.C.S. (P.):—J. W. M. Campbell.
F.R.C.S. (T.):—J. W. M. Campbell.
F.R.C.S. (W.):—J. W. M. Campbell.
F.R.C.S. (E.):—E. J. Ferguson.
F.R.C.S. (H.):—J. W. M. Campbell.
F.R.C.S. (L.):—J. W. M. Campbell.
F.R.C.S. (O.):—J. W. M. Campbell.
F.R.C.S. (P.):—J. W. M. Campbell.
F.R.C.S. (T.):—J. W. M. Campbell.
F.R.C.S. (W.):—J. W. M. Campbell.

** By proxy.

UNIVERSITY OF OXFORD.

At a congregation held on December 19th the following medical degrees were conferred:

M.D.—P. LAMAR-BAWLUR.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on December 19th the following medical degrees were conferred:

M.D.—F. R. WALTERS.

UNIVERSITY OF LONDON.

The title of Emeritus Professor of Pathology in the University has been conferred on Sir Frederic Andrewes, O.B.E., D.C.L., M.D., F.K.C.P., F.R.S., who retired from the University Professorship of Pathology, tenable at St. Bartholomew's Hospital Medical College, in 1927.

Lord Dawson of Penn has been appointed the representative of the University at the tercentenary celebrations in honor of William Harvey, to be held in May, 1928, at the Royal Collage of Physicians.
The following candidates have been approved at the examinations held at:


UNIVERSITY OF LEEDS.
The West Riding panel practitioners’ prize in medicine and the William Hey medal have been awarded to D. W. Currie, M.B., Ch.B.

UNIVERSITY OF LIVERPOOL.
The following candidates have been approved at the examinations indicated:

M.D.—R. W. Brookfield, Ethel Browning, Kathleen Edgecombe, M. T. Morgan.

Ch.M.—W. H. A. Dodd.


Diploma in Tropical Hygiene.—P. N. H. Labuschagne.

*With Honours Class II Honours. *With Honours Class II Medicine.

UNIVERSITY OF MANCHESTER.
The following appointments have been made: Lecturer in anaesthetics, E. Falkner Hill, M.B., Ch.B.; lecturer in diseases of the throat and nose, F. G. Wrigley, M.D.; lecturer in histology, Miss E. R. A. Cooper, M.D., M.Sc.; demonstrator in anatomy, Miss Fanny Jenkins, M.B., Ch.B.; demonstrator in chemistry in the department of bacteriology and preventive medicine, Mr. W. M. Short, M.Sc.

UNIVERSITY OF EDINBURGH.
At the graduation ceremony held in the Upper Library of the University on December 16th, under the presidency of Sir Alfred E. Brumby, Sir Victor Horsley, the following doctors were conferred:


D.P.H.—Margaret A. MacKenzie.


ROYAL COLLEGE OF SURGEONS OF EDINBURGH.
The following 49 candidates, out of 94 entered, having passed the requisite examinations, were admitted Fellows on December 16th:

the poor, such as polynesies, sausages, and potted meats. Mr. Chamberlain said he was not empowered to instruct local authori-
ties and mentioned their noted articles on selected articles on
Blind Persons.—The cost of administering the Blind Persons
Act, 1920, in England and Wales amounts to about £605,000 a year.
This is exclusive of the large amounts spent by voluntary agencies
for the blind, by the Ministry of Health and the local education
authorities. The number of registered blind persons in England
and Wales in March 31st, 1930, was 46,692. Of these there were 17,238 between the ages of 50 and 70.

Notes in Brief.
The Minister of Health will shortly publish figures giving par-
ticulars of the results of various schemes for the treatment of
tuberculosis.
The Committee on Vaccination has met thirty times, and Mr. Chamberlain states that it is now considering its report.

Medical News.
The foundation stone of the extension building of the
Elizabeth Garrett Anderson Hospital, Euston Road, London,
was on November 15th by Sir Alan Garrett Anderson,
K.B.E., the son and founder.
The Royal College of Physicians of London will be closed
from 10-12, Friday, December 23rd, to Saturday, December
31st, inclusive, to accommodate the meeting.
The meeting of the St. John's Hospital Dermatological
Society arranged for December 28th has been cancelled. The
next meeting will be held at St. John's Hospital, 49, Leicester
Square, on Wednesday, January 5th, 1931. The meeting
will be organized by Sir John Bland-Sutton, Bt., on May 23rd, the subject being the effect
of dermatology to optical glass.
At the meeting of the Tuberculosis Society on Friday,
January 20th, there will be a discussion on the work and aims
of tuberculosis care committees and kindred agencies.
At this meeting, which will take place at 8 p.m. at the house of
Miss Sydney Ringer, M.B., B.Chir. (University), 32, Wimpole Street, W.1, the
draft constitution and by-laws of the Tuberculosis Association
will be submitted.
As illustrated lecture on modern athletics will be given by
Mr. H. M. Abraham, of the Central Hall, Westminster, on
January 13th, 1928, at 3 p.m., in aid of the Stavissi Clinic for
Functional Nervous Disorders.
The Royal Institution has now issued its programme
of lectures to be given before Easter. Among the Friday evening
discussions this year will be on the psychology
of the sick, by Sir Farquhar Buzzard, the new Regius Professor
of Medicine at Oxford; and another by the daughter of his
predecessor, A. E. Garrod, on prehistoric cave art. The
discourse on February 23rd will be by Professor R. P. Baly
photosynthesis, and that on February 17th by the
Rev. Dr. E. M. Walker on the university, its ideals and its
problem. Professor Sir Charles Sherrington, who will deliver the
lecture this year will be given by Professor Andrade, who will tell his hearers about engines.
Among the general courses of lectures will be one on the
physiological aspects of flying, by Group-Captain
Martin Flegg, Director of Medical Research, R.A.M.C.,
on March 22nd and 29th, at 5.15.

The report presented to the annual meeting of the con-
sstituents of the Metropolitan Hospital Sunday Fund, held at
the Mansion House on December 19th, showed that the
collections this year amounted to £36,335.

Viscount Knutsford presided at the annual meeting
of the British Charities Association, held at King's College
House, London, on December 13th. The meeting was asked to continue
the editorship of the international postgraduate courses, Dr.
A. Kronfeld, Porzellangasse, Vienna.
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