

by compounds of ammonia and chlorine. In the pathological department the more important researches dealt with were the production of an antidysenteric vaccine, investigating values of various serological tests for syphilis, serological work in connexion with the food poisoning group of bacilli, and the relation of diphtheroid bacilli to skin ulceration. Recruiting is included in the work of the special departments; 57,066 candidates for enlistment were examined; 363.75 per 1,000 were rejected and 29.74 per 1,000 within six months after enlistment. In 1923 these ratios were 376.64 and 40.09 respectively. The marked decrease is attributed to better co-ordination of the medical recruiting methods. The greatest proportion of rejections were from Scotland—namely, 434.53 per 1,000, as compared with 360.89 from England and Wales and 309.99 from Northern Ireland. Diseases of the middle ear, defective vision, defects of lower extremities, loss or decay of teeth, and heart diseases were the chief causes of rejection. The remainder of the report, consisting of statistical tables, calls for no special mention, but it is to be noted that the table of tuberculosis incidence, according to age and length of service, which was open to criticism in the report for 1923, has been omitted.

## THE MUSEUM OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

### ANNUAL REPORT OF THE CONSERVATOR.

In his annual report for the year ending in June, 1926, the Conservator of the Museum of the Royal College of Surgeons of England refers to the changes which have occurred in the staff, to the work of the different departments of the Museum, to the research work undertaken at the College, and to the publications which have been issued and the lectures and demonstrations held in connexion with the Museum. Lists of gifts made during the year to the several collections are inserted, with comments on the specimens of special interest; and separate reports of the pathological and physiological curators, relating to their respective departments, are included in the main report. The post of pathological curator, left vacant by the lamented death of Professor S. G. Shattock, has been filled by the appointment of Mr. C. F. Beadles, who had long been connected with the Museum, assisted Professor Shattock in the formation of the great collection illustrating general pathology, and was mainly instrumental in the formation of the war collection which is at present housed in the basement of the building. With the exception of a certain number of dry specimens, the whole of the latter collection has been arranged and catalogued, and may be considered to be complete. Mr. Beadles is now engaged on the series of special pathology, and the revision and rearrangement of this collection, commenced by Professor Shattock, has made considerable progress, embracing the specimens of the cutaneous, locomotor, and nervous systems, and those of the heart and pericardium. The council of the College has been fortunate in obtaining the services of Mr. T. W. P. Lawrence, F.R.C.S., to advise in the diagnosis and description of all pathological specimens.

Among the additions to the pathological, and teratological collections several are of unusual interest. One, the heart of a new-born child, shows complete obliteration of the aortic orifice, the sole communication between the left ventricle and the aorta being through a greatly enlarged anterior descending coronary artery, which at its lower end expands into a cyst communicating with the apex of the ventricular cavity. A second, almost identical, abnormality of the coronary artery is from an ox; in this case, however, the orifice of the aorta is normal. An equally remarkable specimen exhibits a general dilatation of the oesophagus of a dog, above a tight stricture due to compression in a ring formed on the one side by a right aortic arch and on the other by the normally placed pulmonary artery and ligamentum arteriosum. Among the specimens of more direct surgical interest is an uncommon form of tumour removed from the pleura, which has received the name of lipo-fibro-sarcoma or lipo-plastic sarcoma. It is characterized by the presence of extensive tracts of fat cells of the embryonic type, and when stained with Sudan forms a very striking object. Another interesting specimen has all the appearances of an ordinary ileo-caecal intussusception, but on closer examination

proves to be an invagination of the wall of the ileum, due to the presence of a submucous lipoma, and its prolapse through the valve in a form exactly resembling the bent sausage-shape of an intussusceptum. A very similar appearance, in another specimen, is produced by a large cylindrical cyst, six inches in length, of the type which is lined with intestinal mucosa and is recognized as liable to occur in the ileo-caecal region.

In the Physiological Department, among the additions to the collection are a number of specimens completing the series designed to illustrate the comparative anatomy of the ductless glands. The most interesting work in this department, however, is that of Mr. Burne, the curator, on the intimate relation of the thyroid gland to the lymphatic system. The results of his observations have been published in the *Philosophical Transactions*, and lend support to the conclusions drawn by Dr. Scott Williamson and Dr. Innes Pearce from the researches they are conducting at the College on the finer anatomy of the thyroid gland, details of which have already appeared in the *British Journal of Surgery*. The series of human osteology has had a notable addition this year in the form of a cast of the "Galilee" skull. The original specimen, which is the property of the Government of Palestine, and was sent to Sir Arthur Keith for examination and report, was excavated from a cave situated near the Sea of Galilee; it is of the Neanderthal type, and has the additional interest that it is the first example of that type found outside the limits of Europe. Another important addition is a cast of the "London" or "Lloyd's" skull, recently excavated in the City, and considered by Sir Arthur Keith to be the oldest trace of the human body yet discovered in the valley of the Thames. The Conservator has also had the opportunity of examining numerous other human remains excavated in this country, some of which have been added to the Museum, and has thus made progress in the accumulation of data bearing on the physical history of the English people. During the past year Miss Tildesley has been occupied in verifying the histories of the native Indian and Cingalese skeletons in the Museum, and more particularly in establishing the genuineness of the Vedda specimens—a point of importance, since that race is now ceasing to exist in its original purity. An interesting gift from the President, Sir John Bland-Sutton, deserves special mention. This is a fine specimen of the Mexican ligature ant (*Eciton hamatum*). The animal is used by the natives as a kind of animated Michel's clip in the suturing of wounds; it possesses two powerful mandibles with curved, sharply pointed extremities, and these, when the living animal is applied to the wound, grip its edges. The body is then cut away, leaving the head *in situ*; the prolonged contraction of the mandibular muscles effects a permanent closure of the wound.

The number of visitors to the Museum during the year was 11,168, many of them students. The new specimens will be on view in Room I from Thursday, July 1st, until Saturday, July 17th. The additions on the pathological side number as many as 140; this seems to indicate that members of the profession recognize the claim that the Museum has upon them, and their determination to maintain its position as the finest pathological museum in the world.

## England and Wales.

### ST. THOMAS'S HOSPITAL MEDICAL SCHOOL.

The prizes were distributed at St. Thomas's Hospital Medical School by Sir John Bland-Sutton, P.R.C.S., on June 22nd. Sir Arthur Stanley, treasurer of the hospital, who presided, said that the governors were greatly indebted to the medical school and clinical staff for their successful efforts to raise the amount (£15,000) which enabled the hospital to take advantage of the equivalent sum offered as a benefaction by the Rockefeller Foundation. Sir Cuthbert Wallace, dean of the school, after presenting the other prize-winners, mentioned that, unhappily, the winner of the Bristowe and Mead medals, Mr. R. B. Alston, incurred a poisoned finger in the course of the examination,

and afterwards succumbed. His work in the two-thirds of the examination which he was able to undertake was so far ahead of his competitors that it was felt that his name should appear as the recipient of the awards.

Sir John Bland-Sutton, in his address, began by observing that the schools of medicine in London had formed a sort of archipelago with very little communication between the several islands. There had been times, indeed, when the schools were in absolute conflict; that was, happily, of the past, or what remained was the honourable antagonism of the sports ground. The insularity of London medical schools was in some measure due to the habit—in its way very meritorious—of filling up the places on a school staff by men trained in that school. This inbreeding had some serious drawbacks, but St. Thomas's had suffered least in this respect. He instanced that great physician of St. Thomas's, Richard Mead, who was educated in Holland and graduated at Padua. In 1703 he came to London, was elected to the Royal Society, and made a great name by writing a paper on a very trivial subject—namely, itch. But such was the reputation that he made for himself that St. Thomas's took possession of him. Another great transplantation to St. Thomas's of a later date was that of Sir William MacCormac, who was trained in Belfast, came to London, and eventually became President of the Royal College of Surgeons. Many would still remember his distinguished presence, subtly emphasized in his later days by the invariable company of a magnificent dog. In striking contrast was the slim figure of Professor Shattock, who was transplanted from University College. It was delightful to find in the museum at St. Thomas's, which he did so much to enhance, a conspicuous tablet to his memory. Addressing the students particularly, he said that a medal was only a piece of metal, of no use in currency, struck to commemorate some person or event, but some medals were very beautiful objects, of great intrinsic value, as well as imaginative and inspiring. The Royal Society, which had eight gold medals to present annually, at one time found that certain of the persons to whom they were awarded, being impecunious, as scientists frequently were, were selling them for their value in gold, which in one instance was as much as £50. Accordingly it had now become the custom to give the medal in silver or bronze, and to hand the balance to the recipient in cash. He had himself profited in his early days from such an arrangement, and on his prize money he had wandered in Europe, visiting Paris and Vienna; there was no better way of preventing any undue conceit in a medallist than that he should go into the wider world and so discover that there were other men as good as himself who had done work at least as excellent. Medals were milestones in the history of an institution; they were given, not for ostentation, but for remembrance and reward. They brought to mind the names of great men who laid the foundations of that which the present generation enjoyed, and which it would be the duty of those who came after to extend.

Sir George Makins proposed, and Dr. A. E. Russell, senior physician, seconded, a vote of thanks to Sir John Bland-Sutton, after which the visitors were escorted round the hospital, and enjoyed tea and music on the terrace.

#### THE CRIPPLE PROBLEM IN ESSEX.

On June 18th Sir Robert Jones gave an address at River Plate House, Finsbury Circus, on the cripple problem, at the invitation of the Essex County Council. Alderman H. E. Brooks presided. Sir Robert Jones said that there were 100,000 cripples in the country at the moment, and a large proportion of them were even now becoming steadily worse. Big things had to be done for them because little things were not done at an early stage. The majority of cases not caused by war fell, he said, into four or five groups: tubercle; rickets; the paralytic group, due directly to infection; congenital defects, such as club-foot; the industrial group, due to accidents. For tuberculous cripples, he said, there ought to be a national scheme. Tubercle affecting bones, glands, and joints was due to infection, and was not hereditary. Congenital tubercle was a different thing; it dated from the time the child started to live and was so rare that it need not be taken into account. Sir Robert Jones said

that 60 out of 100 cases of bone and joint tubercle were due to the bovine bacillus. To prevent infection by the human bacillus some means must be found to safeguard children from coming in contact with people in the active stages of the disease. Cases sent home from sanatoriums to die were dangerous, and in a room occupied by a tuberculous person the carpet was infected, and children playing in the room would become infected. Rickets, said Sir Robert Jones, was absolutely under control and could be prevented by proper diet, sunlight, and fresh air. The hunchback might have escaped his deformity if it had been discovered in infancy and he had been put to lie down in proper surroundings; the club-foot, if moulded into shape when discovered, could have been put right, but left for three or four years was all but incurable. In any scheme Essex adopted there should be beds for adults as well as children, and there should not be too much strictness about the age when a child ceased to be a child, so that he might be perfectly recovered when he went out. A suitable hospital would not be too expensive. Essex with its population of nearly a million would want 300 beds. In regard to after-care clinics, he said the cost of looking after children in them was about £4 a year, as compared with £130 a year in a hospital.

#### ORTHOPAEDIC HOSPITAL AND HOME, BRISTOL.

The forty-ninth annual meeting of the Orthopaedic Hospital and Home for Crippled Children, Redland, Bristol, was held on May 31st. The hospital is one of the oldest in England for the treatment of crippling disease. A joint subcommittee with the Bristol Crippled Children's Society has been appointed to make arrangements for amalgamation of the two bodies, with a view to building a new country open-air hospital school, and abandoning the present little hospital and home. Mr. G. R. Girdlestone, surgeon to the Wingfield Orthopaedic Hospital, Oxford, in the course of an address, called attention to the difference between orthopaedic work in the present and in the past. The difference was not so much an improvement in surgery as an improvement in the work done by committees and the public. Orthopaedic hospitals in the past did wonderful work, but their cures were rarely perfect; the patients were only patched up. Then the time came when they got hold of children a little earlier; infant welfare centres realized that if cases were sent early to an orthopaedic hospital they came back cured. When perfect co-operation was achieved, children would be sent at once from general hospitals and by private practitioners to orthopaedic hospitals. What was needed was a union and real teamwork between the hospitals. The Bristol Orthopaedic Hospital and Home was going to have an institution in still more country air, so that during treatment the children could keep in touch with nature. The quality of the present work of the home showed how well it would be done when a proper institution was available. A vote of thanks for his address was given to Mr. Girdlestone.

#### CENTRAL MIDWIVES BOARD.

The Central Midwives Board for England and Wales on June 3rd held a penal session followed by an ordinary meeting. The following were appointed members of the Approvals Subcommittee for the ensuing year: Dr. J. S. Fairbairn, Miss E. G. Greaves, Miss M. D. Haydon, Dr. R. A. Lyster, Miss A. A. I. Pollard, and Mr. Charles Sangster. A letter from the Ministry of Health was considered. It proposed, for reasons stated, to extend the approval of the rules in their present form for a further period—until September 30th, 1926—and expressed the hope that by that date all suggested amendments to the rules would have been settled, so that the rules, when approved, might remain in force as long as possible without further alteration. In reply the Board expressed the view that it would welcome a return to the original practice of approving the rules for a period of five years. A letter was read from the Poplar guardians stating that the chairman of the guardians and the chairman of the committee directly concerned could not understand the Board's view that the medical officer referred to in Rule E.27 must be a resident medical officer, and asking for the Board's observations on the matter. It was decided to



reply that in the view of the Board the supervision referred to in Rule E.27 could not be exercised satisfactorily by a non-resident medical officer, and that the word "resident" was implied in the words "duly appointed" in the intention of the Board. The appointment, therefore, of a non-resident medical officer, in so far as the rule in question was concerned, could not be considered "due." The report and recommendations of the Approvals Subcommittee were received and adopted. The next meeting will be held on July 15th.

## Scotland.

### NATIONAL ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS.

THE twelfth annual conference of the National Association for the Prevention of Tuberculosis will be held in the McLellan Galleries, Sauchiehall Street, Glasgow, on the first three days of July next. The conference will be formally opened by Sir Matthew W. Montgomery, Lord Provost of Glasgow, at 10.30 a.m. on July 1st. The first subject for discussion, "Provision for the care of non-pulmonary tuberculosis," will be opened by Dr. A. S. M. MacGregor, medical officer of health for the city of Glasgow, and by Mr. James Taylor, consulting surgeon to the corporation hospitals and sanatoriums. Other speakers will be Dr. J. H. Paul of Millport and Dr. J. G. Johnstone, medical superintendent, Heatherwood Hospital, Ascot, Berks. In the afternoon Professor Sir Robert Philip and Dr. Lissant Cox, central tuberculosis officer to the Lancashire County Council, will open a discussion on "The actual place and function of the tuberculosis dispensary in the tuberculosis scheme." Other speakers will be Dr. W. B. Knobel of the London County Council, Dr. J. A. Wilson, Glasgow Public Health Department, Dr. William Brand, tuberculosis officer for Camberwell, Dr. James Crocket, medical superintendent of the Bridge of Weir Sanatoriums, and Dr. J. McCallum Lang, assistant medical officer of health, county of Lanark. On the morning of July 2nd there are four subjects for discussion: "Experimental studies in tuberculosis with reference to the origin of pulmonary tuberculosis," introduced by Professor C. H. Browning, professor of bacteriology, Glasgow University; "The age factor in the incidence of tuberculosis," by Dr. J. A. Wilson; "Some experiences in the treatment of tuberculosis by artificial sunlight," by Dr. Alexander Smith of the Robroyston Sanatorium; and "Glasgow's solution of the smoke problem," by ex-Bailie Brownhill Smith, chairman of the Committee on Health, Corporation of Glasgow. The afternoon of July 2nd and the morning of July 3rd will be devoted to visits to various institutions and to demonstrations. Thus visits have been arranged to corporation housing schemes; to hospitals, sanatoriums, and tuberculosis colonies; to the tuberculosis dispensary and light treatment centre; and to the corporation bacteriological laboratories. Demonstrations will be given by Dr. Fergus L. Henderson of radiograms of the chest, and by Drs. James Taylor, John Watson, and A. Smith of the methods of treatment of non-pulmonary tuberculosis. The Hon. Sir Arthur Stanley, chairman of council, will preside at the meetings. There will be a reception by the Lord Provost and magistrates of the city of Glasgow on the evening of July 1st; and a list of tours to places of interest will be published. The conference is open to all persons on the payment of a fee of one guinea, and each subscriber will receive a copy of the report of proceedings. Reduced fares to Glasgow will be available if normal conditions prevail. Miss Freda Strickland is secretary to the association, of which the address is 20, Hanover Square, W.1.

### EDINBURGH HOSPITAL FOR SICK CHILDREN.

The annual meeting of the Royal Edinburgh Hospital for Sick Children was held on June 2nd. Sir John R. Findlay, chairman of directors, who presided, said that while in 1915 the total number of cases treated was 2,100, in 1925 it was 2,968, an increase of 868 in ten years. Speaking of the financial position, he observed that it would be satis-

factory were more received in the form of annual subscriptions and less in the form of legacies, for the actual maintenance of such an institution should be the work of the present generation. Sooner or later the public of Edinburgh would have to face the problem involved in a large extension of this hospital, which was doing most important work in the city and neighbourhood. Lord Provost Sir William L. Sleight expressed the opinion that the care of children and the healing of their diseases ought to be the first charge on the benevolence of the community, for if the troubles with which children were affected could be eliminated or diminished a long step would have been taken in the direction of building up a Class A population. The report for the year 1925, submitted to the meeting, showed that of the 2,968 cases treated in the wards 1,642 were medical and 1,213 surgical. The number of operations performed in the surgical theatre had been 1,112. At the out-patient department the number of attendances was 25,958, and 2,063 minor surgical operations had been performed. In the medical electrical department 1,482 radiographic examinations had been made, and in the ear and throat department there had been 1,079 new cases with 659 operations. The ordinary income for the year had been £12,270, with an ordinary expenditure of £16,379, and the legacies had amounted to £10,907. The report mentions a new department for treatment by artificial sunlight. The directors had set apart a portion of the out-patient department, consisting of two rooms and a nurses' room, in which patients could receive treatment by ultra-violet rays, and although it had only been open for a short time great benefit had already been derived by the patients from this form of treatment.

### INFLUENZA EPIDEMIC AT ST. KILDA.

The island of St. Kilda occupies a position in the Atlantic which, combined with the precipitous nature of its coast, renders all access during the winter months difficult or impossible. The s.s. *Hebrides* made its first call for the season on May 30th for the purpose of landing provisions. The last visit had been paid in August, 1925. The steamer reports by wireless that an influenza epidemic has been ravaging the island for some weeks and has been accompanied by five deaths, of which four took place within a week. The epidemic apparently broke out after the arrival of the mail boat in the late spring for the delivery of this year's mails.

## Ireland.

### BELFAST MEDICAL APPOINTMENTS.

THE Belfast board of guardians has taken another step in its progressive policy, to which has been due in the past so many advances in the care of the large number of patients under its charge. The late Dr. McLiesh had charge of the midwifery department, of a large number of patients with nervous and mild mental trouble, and of many medical cases. At the meeting of the guardians held on June 15th two medical men were appointed—one, Mr. T. S. Holmes, M.Ch., F.R.C.S.Eng., to be in charge of the maternity and gynaecological departments; and the other, Dr. T. H. Crozier, M.D., M.R.C.P.Lond., to be physician in charge of medical cases. The profession in Northern Ireland will hasten to congratulate the board on the wisdom of this further specialization of its visiting medical staff, which relieves the medical men of an intolerable burden, and at the same time enables them to give the patients more skilled specialized treatment.

### LOCAL AUTHORITIES BILL (IRISH FREE STATE).

In the committee stage of the Local Authorities (Officers and Employees) Bill, Mr. P. Baxter (Farmers' Party) moved an amendment to provide that, instead of recommending one candidate, the Civil Service Commission should forward to the local authorities a panel of candidates adjudged by them to have reached the standard of qualifications necessary to perform the duties of such office. Dr. Hennessy opposed the amendment as in practice it would mean that a local candidate would be appointed even