

in each case. Eight remained well for over a year, and the remaining four for periods varying from over six months to a year, all having passed the period at which a recurrence was due.

CONCLUSION.

In conclusion, it should be noted that the foregoing remarks are not put forward in any sense as a critical study, but merely represent a brief record of individual experience concerning a certain line of treatment, with its results.

TREATMENT OF ORIENTAL SORE BY PHOSPHORATED OIL.

BY

ALDO CASTELLANI, C.M.G., M.D., F.R.C.P.,

PHYSICIAN, MINISTRY OF PENSIONS HOSPITAL; LECTURER, LONDON SCHOOL OF TROPICAL MEDICINE.

The treatment of oriental sore (dermal leishmaniasis) which I devised some time ago and have used in three cases during the last six months consists in injections of recently prepared phosphorated oil into the nodule and around it.

Method.—A sterile 20 minims all-glass hypodermic syringe is used; 5 minims of the oil are drawn in and injected into and around the lesion by inserting the syringe in two or three places into the nodule itself and under the skin around the periphery; if the lesion is ulcerated two or three drops of the oil, in addition, are dabbed on the fundus of the ulcer after removing the crust. The injections are given once or twice a week.

The result in all three cases has been very satisfactory, evidence of incipient healing appearing almost immediately after the second or third injection, and an apparently complete cure being obtained within three weeks to two months.

CASE I.

A demobilized army officer, aged 26, contracted oriental sore six months ago in Persia—one large non-ulcerated nodule and a partially ulcerated one, both on the left forearm. Microscopical examination of both lesions showed the presence of *Leishmania tropica* Wright. The patient had had severe malaria and had been treated with large doses of quinine. He had had no treatment of any kind for the sore. I gave him altogether seven injections (5 minims each) of phosphorated oil at rather irregular intervals, as he could not come to see me very regularly. The actual injections were painless; after a few hours there was a slight local reaction, the lesions becoming somewhat oedematous and the surrounding skin slightly reddened. Symptoms of rather severe general reaction occurred once; after the third injection the patient had fever (102°) and felt chilly and unwell, with rheumatoid pains all over the body. The symptoms may have been due in reality to his old malaria, as the temperature fell to normal with sweating within twenty-four hours; I could, however, find no malarial parasites in the blood. The open sore healed very quickly within two weeks, a smooth white scar being left; the non-ulcerated nodule took six weeks to disappear.

CASE II.

A young married woman (British), aged 24, presented on the left wrist a small smooth nodule with a few scales at the apex and no sign of ulceration. Microscopical examination showed it to be an oriental sore, contracted apparently two months earlier in India; the first sign of it appeared during the voyage home. Six injections of phosphorated oil (two a week) were followed by complete disappearance of the lesion within three weeks. The injections were never painful, the local reaction was very slight, and there was never any sign of general reaction.

CASE III.

An Englishman, aged 22, had contracted oriental sore seven months earlier in Iraq. There was one very large nodule on the left forearm ulcerated at the top and covered with a thick crust. Microscopical examination was positive. The patient said that the condition had been treated with intravenous injections of tartar emetic without any benefit; it had also been considered to be of syphilitic origin and treated with salvarsan unsuccessfully. He was given an injection of phosphorated oil (5 minims) twice a week into the nodules and at several places under the skin and around it. The lesion took two months to heal completely.

The method seems to have been successful in these three cases, which are all I have treated. The following points should be kept in mind: First of all, it is essential that the phosphorated oil should be of recent preparation; old phosphorated oil is inert. The phosphorated oil I have used is the oleum phosphoratum B.P. The injections are practically painless, but after a few hours there may be some local reaction, the lesions becoming slightly swollen and the skin around them somewhat reddened; apparently severe general reaction is rare; a reaction lasting twenty-four hours occurred after the third injection in Case I, but the patient was an old malarial subject, and the condition—though I did

not find any malarial parasites—may have been malaria, especially as it terminated in sweating.

Phosphorus is a powerful poison, and its delayed action on the liver should especially be kept in mind; it should therefore be given with care, and every precaution taken. I may say, however, that though I have used injections of phosphorated oil in only three cases of oriental sore, I have used this therapeutic method without any ill effects in several other conditions, since I found, some years ago, that phosphorated oil given by subcutaneous injection was almost painless: I have used it, for instance, without any untoward effect in cases of rickets and of osteomalacia, and in certain cases of very chronic malarial cachexia as an adjuvant to quinine and arsenic.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TRAUMA AND APPENDICITIS.

The two following cases, in which appendicitis appeared to be the result of trauma, came under my care early this year; the injury in each instance occurred on January 2nd.

CASE I.

A young woman, aged 19, a field worker, was walking on the outskirts of a wood when she tripped on a stub and fell flat on the ground, but not upon any projecting object. On raising herself she felt sick and faint, but improved as the day advanced, took her evening meal, and slept well. The next day she felt pain just above the right groin, and could not take her food well. The father, thinking his daughter had received some injury from the fall, asked me to call on the following day.

I saw her at 3.45 on January 5th. She had abdominal facies, anorexia, and complained of pain in the right lower quadrant; temperature 103°, pulse 140. There was scarcely any movement of the abdomen, a resisting area in the right iliac region per rectum, and some tenderness on palpation high up.

From the history, I wrote a note to King's College Hospital (to which the patient was admitted) expressing the opinion that she was suffering either from a large haematoma commencing to suppurate or an acute appendix abscess.

Operation was performed the same evening, and the following note, from Mr. St. J. D. Buxton, assistant surgeon to the hospital, describes what was found: "She had a localized appendix abscess; it was shut off from the general peritoneal cavity with very firm adhesions, but the abscess was very offensive. I took the appendix away and drained the cavity. I took some trouble to avoid opening the general peritoneal cavity, and hope that will be rewarded, so I do not know if there was any free fluid in that. Your note regarding the fall was very interesting."

CASE II.

A farm labourer, aged 59, while standing astride a wooden pole slipped and fell, his whole weight coming on the lower part of the abdomen. He felt sick and faint, and went home. He resumed work the next day, and continued to work daily until January 8th. On this day the district nurse was called in; she decided that it was necessary the patient should see a doctor without delay. He was seen by Major S. H. Smith, who ordered enemata to relieve constipation, and a mixture for what was diagnosed as a reflex asthma. That night the nurse reported no result from the enemata, and proposed giving a high one. This was agreed to, and a request was made that a report on the state of the patient should be submitted early the following morning. No report came, and the patient was not visited again until January 12th. He had commenced to vomit the previous night (mucus and bile), complained of pain in the right inguinal region, and had had no action of the bowels since the high enema on January 8th. The abdomen was immobile and distended.

The patient was removed to Gravesend Hospital on the afternoon of January 12th, and operated on in the evening. A report from Mr. G. R. M. Cordiner states that "his abdominal cavity was found to be full of foul-smelling pus. On search being made, a gangrenous perforated appendix was found."

Farningham.

T. F. HUGH SMITH.

FOREIGN BODY REMOVED FROM THE ORBIT.

Mr. W. was taking an inebriated friend home, a misplaced kindness, which resulted in a severe blow causing a wound below the left eye. Next morning he consulted the local medical man, who stitched the wound, which healed by first intention. Four weeks later Mr. W. was sent to me, and was admitted to the Salisbury Hospital, Southern Rhodesia. There was a scar below the left lower eyelid, and external and superior strabismus on the left side, the eye being displaced outwards and upwards. There was also extensive herniation of the bulbar conjunctiva, which protruded between the lids and hung over the malar region. The pupillary reaction and tension were normal. There was

marked diplopia. Ophthalmoscopic examination revealed nothing abnormal; the fundus and media were clear. The herniated conjunctiva was excised; there was slight purulent discharge from the wound, which was opened, explored, and drained. Examination showed fracture of the orbital plate (superior maxillary) with displacement of fragments, and fracture of the lacrymal bone, but raised no suspicion of any foreign body. A second operation was undertaken ten days after the first, on account of short recurrent attacks of left fronto-temporal headache of a stabbing character. The orbit was freely exposed by opening and extending the original wound, following the anterior border of the orbital plate of the superior maxillary and malar bones. Fractures in accordance with the *x*-ray report were found. The sphenoidal fissure was explored, revealing the rough edge of a foreign body, which gave an impression of a fragment of loose bone. This was grasped by sinus forceps, which slipped, and a portion of black material (vulcanite) was noticed on the tip of the forceps. The foreign body was then seized with bullet forceps and extracted. It proved to be $1\frac{1}{4}$ in. of vulcanite pipe stem, the lumen of which contained brain substance. The broken end projected into the orbit for about $1\frac{1}{8}$ in., the mouth end being embedded in the brain to the extent of about $1\frac{1}{8}$ in. The edges of the sphenoidal fissure were fractured. The wound was closed, leaving a long drainage tube leading to the brain cavity. The operation wound healed rapidly, and the patient made an uninterrupted recovery. The eye regained its normal position with perfect movement, and binocular vision was restored. The point of particular interest in this case is that definite symptoms were absent until four weeks after the injury.

H. V. GATCHELL, F.R.C.S., D.P.H.

Salisbury, Southern Rhodesia.

Reports of Societies.

GASTRIC AND DUODENAL ULCERS.

A JOINT meeting of the Sections of Medicine and Surgery of the Royal Academy of Medicine in Ireland was held in the Royal College of Physicians on February 2nd. The President of the Surgical Section, Sir WILLIAM I. DE COURCY WHEELER, who was in the chair, said that the Council of the Surgical Section had arrived some time ago at the conclusion that it would be advantageous to arrange co-operation between that Section and the Medical Section. The latter had from time to time invited or accepted communications from individual surgeons, and leading members of the Medical Section had taken part in surgical discussions; but hitherto no formal or definite action had been taken by the General Council of the Academy to approve the principle of joint meetings and to announce such meetings in the official programme. The suggestion was well supported both by physicians and surgeons, and the result was the meeting now held to discuss the diagnosis and treatment of gastric and duodenal ulcers.

In opening the discussion the President said that there appeared to be a few central facts around which discussion might usefully revolve. Often the presence of a gastric ulcer could not be definitely ascertained unless an accident such as perforation occurred, or deformity produced by cicatrization is put beyond doubt by an *x*-ray picture. In cases of duodenal ulcer without deformity he had frequently obtained two *x*-ray reports in the same case which at first sight appeared contradictory. One report would state that there was pyloric spasm, some dilatation of the stomach, and gastric stasis; the next report that the pylorus was open and that the stomach contents were shot through by the action of a hypertonic gastric muscle. These apparent inconsistencies could easily be explained when it was remembered that pyloric spasm frequently disappeared when the patient was put to bed on restricted diet and took alkalis freely. The spasm passed off, but the stomach remained hypertonic and the contents were readily and forcibly propelled through an open door. It was therefore necessary to take into consideration whether a patient was at work without restriction or in bed under medical guidance. In the small acute ulcers of females he did not think that *x* rays were helpful, and he did not think either that these cases were suitable for surgical interference. He was of opinion

that the presence of excess of hydrochloric acid in the stomach was not a characteristic sign of gastric ulcer. It appeared to occur frequently in the absence of ulcer, when pyloric spasm was well marked; but when ulcers were present in the region of the lesser curvature an increase in the amount of hydrochloric acid was not usually found. It was a fallacy to rely on the absence of hydrochloric acid in cases of suspected malignant disease. In half the cases where carcinoma arose primarily, or was grafted on a pre-existing ulcer, the presence of hydrochloric acid could be found; and, on the other hand, achlorhydria was sometimes but not frequently a feature in cases of ulcer of the duodenum. The significance of haemorrhage was all-important. They were all familiar with the haematemesis of biliary cirrhosis; gastric haemorrhage occurred frequently from pathological conditions of the pancreas, gall bladder, appendix, and Fallopian tubes, and other organs, without any lesion in the gastric mucous membrane. Oozing of blood from the stomach had been described by Hale-White under the term "gastrostaxis." In renal disease it was not an uncommon symptom. He believed that it was seen during attacks of gastric crises in tabes. Capillary oozing or bleeding from arterioles quite commonly took place in all these conditions. Under the term "toxic gastric haemorrhage" many such a gastric lesion were at one time thought to be examples of vicarious menstruation. The question of perforation needed passing mention. It could not be mistaken. The patient could tell to the moment when the catastrophe occurred, and could generally indicate exactly the position of the perforation. He never repelled the suggestion of immediate operation, and if he was not an alcoholic he became rapidly anaesthetized with ether, and never resented the fumes by a single movement. If the patient came for treatment some hours after the perforation, the shock had passed off, and he would apparently be better. The improvement probably coincided with the outpouring of the protective and defensive fluids of the peritoneum, which had been so vividly described by Murphy. Then the final stage came, with the facies hippocratica, the black vomiting, the pulse quickened, and the temperature rose. Lastly they got the clammy, bright-eyed, toxic patient, described ruthlessly by Murphy as being "more fit for an undertaker than a surgeon." The chronic recurrent ulcer needed surgical intervention, and if there had been haemorrhage before the operation there would be haemorrhage after the operation, in 12 per cent. of duodenal ulcers, and 8 per cent. of gastric ulcers, unless more than gastro-enterostomy was done. Ulcers were now, if possible, excised or destroyed with the actual cautery by Balfour's method. It was his own practice to burn them out. The greatest difficulty that arose at present was the knowledge that perhaps 40 or 50 per cent. of chronic ulcers in people past middle life changed their character and became malignant. He did not believe that gastrectomy was the operation of choice in cases which were known to be non-malignant at the time of operation, but in the hands of Moynihan and Sherren the operation did not carry increased mortality. In special cases he preferred gastrectomy, the first of which he published in 1910. Once gastro-enterostomy was performed the patient again became a medical case, and with proper dieting and the administration of alkalis for three months the results would be very different from those obtained in patients allowed to go their own way.

Sir JOHN MOORE said that the President's paper raised questions which were of equal interest to physicians and surgeons. He would like to know if the symptom of the disappearance of pain after taking food was reliable as differentiating a duodenal from a gastric ulcer. He suggested that when giving alkalis in connexion with hyperchlorhydria it was desirable to add a solution of bismuth and ammonium citrate.

Dr. SPEARES said that personally he had never got much help from *x* rays in either gastric or duodenal ulcer cases, and though he always had the patients radiographed he did not place much confidence in the results. Regarding alkalis in duodenal ulcer and gastric ulcer, he usually confined himself to Sippy's powder; it had always had good results. A duodenal ulcer presented peculiar difficulties. He would like to know in those cases where there was a perforation of the duodenum if it was necessary to do a gastro-enterostomy. Physicians met with a number of cases of gastric ulcer which yielded readily to medical treatment and did not require surgical intervention at all, but if there was any

patient research; yet greater advances can be confidently expected. Alike in physics and in x -ray diagnosis the value of Röntgen's discovery is fully proved, but the tale does not end there. Radiotherapeutics followed quickly upon the discovery of the action of the rays upon living tissues, and at the present day we have throughout the world countless sets of x -ray apparatus at work in the treatment of diseases of various types and affording relief to yet many more thousands of sufferers. Radiotherapy is ever advancing. The action of x rays having been recognized, another important discovery followed upon Röntgen's work. Radium was discovered by the Curies, and another important weapon placed in the hands of the medical profession. Armed with x rays and radium rays in his combat with disease, the modern medical man is able to grapple with conditions which up to the time of Röntgen's discovery had completely baffled him.

Röntgen steadfastly refused all remuneration for his work; he was content to know that he had given to the world an agent which would be of value throughout the ages to come. He lived long enough to see many of the developments initiated by his discovery. He died full of years and honour. The ever-advancing science of radiology will form a memorial for all time to the memory of a humble follower of science who has done so much for humanity.

ROBERT KNOX.

THE LATE MR. HUNTER TOD.

MR. PERCY SARGENT writes: To those who knew Hunter Tod well the otherwise excellent obituary notice which appeared in the JOURNAL of February 3rd seems singularly incomplete without some mention of his masonic activities. He had for many years been a keen freemason, and his interests were chiefly concerned with the masonic bodies connected with the hospitals and public schools. He was a founder and Past Master both of the London Hospital Lodge, No. 2,845, and of the Old Cliftonian Lodge, No. 3,340, and at the time of his death was treasurer of both those lodges. He had also occupied the Principal Chair of the Public Schools Royal Arch Chapter. In October last, on the occasion of the investiture of the Prince of Wales as Senior Grand Warden of England at the Albert Hall, the M.W. Grand Master conferred upon Bro. Hunter Tod the rank of Past Senior Grand Deacon of England.

Dr. ARCHIBALD CHALMERS of Crockettford, near Dumfries, was killed there in a cycle accident early in January. He was educated at Glasgow University, where he graduated M.A., M.B., and C.M. in 1892, after which he went into practice at Crockettford, where he was medical officer of Irongray parish. He took a temporary commission as lieutenant in the R.A.M.C. on July 26th, 1915, being promoted to captain on completion of a year's service; during the war he served at Malta and Salonica.

Universities and Colleges.

UNIVERSITY OF OXFORD.

THE theses submitted for the degree of Doctor of Medicine by W. S. Dawson, Trinity College, and D. G. T. K. Cross, St. John's College, have been approved by the judges.

UNIVERSITY OF CAMBRIDGE.

THE General Board of Studies has appointed Mr. J. B. S. Haldane, M.A., of Trinity College, to be Sir William Dunn's Reader in Biochemistry, and Dr. C. Shearer, of Clare College, to be University Lecturer in Embryology.

As recorded in the JOURNAL of February 3rd (p. 198) the Council of the Senate has recommended that the offer of the Ministry of Agriculture to establish in Cambridge, in connexion with the Schools of Agriculture and Medicine, a research institute for the study of the pathology of animal diseases, should be accepted subject to certain conditions regarding finance. The proposal was discussed in the Senate last week and received approval.

At a congregation held on February 10th the following medical degrees were conferred:

M.B., B.Ch.—C. Lal Pasricha.
M.B.—F. G. Wood.

UNIVERSITY OF LONDON.

A MEETING of the Senate was held on January 26th.

In consequence of his appointment as Foulerton Research Professor of Physiology, Professor Starling has resigned the Jodrell professorship of physiology in the University.

In view of the decision of the Senate to close the Physiological Laboratory at the end of the session 1922-23, it was resolved that

after the end of the present session no University funds be devoted to the continuance of the Physiological Laboratory; that arrangements be made for the transference of the staff, if possible, with other colleges or schools of the University. The Physiological Laboratory Committee was also authorized to negotiate for the disposal of the laboratory apparatus belonging to the University.

Dr. C. E. Dukes was recognized as a teacher in bacteriology at King's College for Women (Household and Social Science Department), and Mr. C. E. Dodds as a teacher of pathological chemistry at Middlesex Hospital Medical School.

Mr. H. J. Waring, as the representative of the University, has been appointed a governor of the Imperial College of Science and Technology.

Applications for the University Chair of Anatomy, tenable at St. Bartholomew's Hospital Medical College, salary £1,000 a year, should be received by the Academic Registrar at the University by April 16th.

A University studentship in physiology, value £20 for one year, will be awarded to a student qualified to undertake research in physiology. It is tenable in a physiological laboratory or a school of the University. Applications to the Principal Officer before May 31st. The full regulations for the award of the studentship can be obtained on application.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary Council was held on February 8th, when Sir ANTHONY BOWLBY, President, was in the chair.

Issue of Diplomas.

Diplomas of Membership were granted to 135 candidates found qualified at the recent examinations.

Diplomas in Ophthalmic Medicine and Surgery were granted to 13 candidates, jointly with the Royal College of Physicians. (The names were published in the report of the comitia of the Royal College of Physicians published on February 3rd, p. 217.)

Lectures.

The President announced that Sir Arthur Keith, conservator of the museum, would deliver a course of six Hunterian lectures on "Man's erect attitude: its evolution and disorders," beginning on March 5th. The President announced also that Mr. W. G. Spencer had been appointed Bradshaw lecturer for the ensuing year.

Court of Examiners.

The resignation of Mr. James Sherren from the Court of Examiners was accepted with regret. The vacancy will be filled in at the ordinary meeting of the Council on March 8th.

Election into Council.

The President reported that a meeting of Fellows would be held at the College on Thursday, July 5th next, for the election of four Fellows into the Council in the vacancies occasioned by the death of Sir Charles Ryall, by the retirement in rotation of Sir Charters J. Symonds and Sir Herbert F. Waterhouse, and by the resignation of Mr. F. F. Burghard; that notice of the meeting would be given to the Fellows by advertisement and by circular on March 9th; that March 19th would be the last day for the nomination of candidates; and that a voting paper would be sent on April 3rd to every Fellow of the College whose address is registered at the College.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

A QUARTERLY meeting of the College was held on February 6th, with Sir Robert Philip, President, in the chair. Dr. James Burnet and Dr. Disney H. D. Crau were admitted as Fellows, Drs. J. Farquhar Christie, William Glen Liston, C.I.E., William N. W. Kennedy, O.B.E., Max Lipschitz, R. McCall Burnie, were admitted Members. Dr. R. A. Fleming was elected a member of Council in room of the late Dr. J. W. Ballantyne. Intimation was made of a bequest to the College by the late Dr. Harry Rainy of a valuable collection of works relating to Dante, and of a gift to the College by Mr. J. W. Fraser Tytler, W.S., of a bust of the late Dr. James Gregory.

The Services.

AUXILIARY R.A.M.C. FUNDS.

At the last quarterly meeting of the Committee of the Auxiliary Royal Army Medical Corps Funds grants were made to cases in the Benevolent Branch for the orphans of officers amounting to £289 18s. 11d., and grants in the Relief Branch for the widows and children of the rank and file amounting to £717 13s. 6d. These funds are for the relief of widows and orphans of commissioned officers, non-commissioned officers, and men of the rank and file of the Royal Army Medical Corps, Special Reserve, Territorial Force, and New Armies, and also for the relief of the children of those who have been so severely disabled in the late war that they need help for the education of children. Requests for relief should be addressed to the Honorary Secretary of the Funds, 11, Chandos Street, Cavendish Square, London, W.1.

Lieut.-Colonel A. E. Hamerton, C.M.G., D.S.O., R.A.M.C., has been appointed Assistant Director of Pathology at the War Office in succession to Lieut.-Colonel D. Harvey, C.M.G., C.B.E.

Medical News.

A JOINT meeting of the Röntgen Society and the Physical Society will be held on February 23rd, when there will be a discussion on the measurement of x rays.

At a meeting of the Medical Officers of Schools Association to be held at 11, Chandos Street, Cavendish Square, W., on Friday, February 23rd, at 5 p.m., Dr. J. G. Forbes will read a paper on "Diphtheria carriers in children of school age."

COURSES of lectures on "The diseases of the periodontal tissues due to infection in their relation to toxæmia" will be delivered in London, Edinburgh, and Manchester under the auspices of the Dental Board of the United Kingdom. Each course will consist of four lectures, and is intended primarily for registered dentists and medical practitioners. Dental students and candidates for the prescribed examination of the Dental Board are invited to attend; tickets of admission are not required. The course in London will be given at the Royal Society of Medicine (1, Wimpole Street, W.) on March 1st, 8th, 15th, and 22nd, at 5.30 p.m. The course in Edinburgh will be delivered in Professor Thomson's lecture room at the University on March 2nd, 9th, 16th, and April 7th, at 5.30 p.m. The course in Manchester will be given in the Physiology Lecture Theatre, Victoria University, on March 1st, 8th, 15th, and April 6th, at 5.30 p.m. The lecturers are Mr. J. Howard Mummery, Mr. J. G. Turner, Sir William Willcox, and Professor E. E. Glynn, who will deal respectively with patho-histology, local clinical symptoms, systemic effects, and bacteriology.

It is proposed to add to the accommodation provided at St. Mark's Hospital for cancer, fistula, and other diseases of the rectum by erecting on vacant land adjoining the present hospital an additional building, to contain twenty-one beds, a new out-patient department, and new pathological and x-ray departments. The estimated cost is about £10,000.

A BOOK on orthopaedic surgery by Sir Robert Jones, lecturer on orthopaedic surgery in the University of Liverpool, and Dr. Robert W. Lovett, professor of orthopaedic surgery in Harvard University, is in the press. It is a large volume, will contain 729 engravings, and will be published by William Wood and Company of New York.

A DISCUSSION on partial sterilization of soil will be opened by Sir John Russell, F.R.S., and Mr. H. G. Thornton, both of the Rothamsted Experiment Station, at a meeting of the Association of Economic Biologists, to be held at 2.30 p.m. next Friday at the Imperial College of Science.

SIR CHARLES BALANCE will deliver a short appreciation of the life and character of the late Hunter Tod, F.R.C.S. (sometime President of the Section), to the members of the Otological Section of the Royal Society of Medicine, at 1, Wimpole Street, W., to-day (Friday, February 16th), at 5 p.m. Old friends and colleagues are invited.

It is announced that the Council of St. Bartholomew's Hospital Medical College has acquired, for the purpose of extension, a block of premises in Giltspur Street, facing the main hospital buildings, and containing 17,000 sq. ft. of floor space, for new laboratories, lecture rooms, etc. We understand that these premises have been acquired from John Bell and Croyden, Ltd. (incorporating Arnold and Sons).

THE seventh annual report of the National Council for Combating Venereal Diseases, covering the period from June, 1921, to June, 1922, which has just been issued, contains a general account of the Council's activities, centrally and through the branches, which now number nearly a hundred in Great Britain. The Council's executive committee, being of opinion that information from countries, especially Canada, where legislation requires continuous treatment, would be of value, asked the Ministry of Health to authorize a commission from this country to inquire into the conditions in Canada with a view to ascertaining whether some of the steps adopted there with apparent success could not be taken in this country also; owing to existing financial circumstances the suggestion was not accepted. Inquiries were then addressed directly to the provincial health departments in Canada, asking for information as to the working of the legislation. Almost every medical officer's reply was to the effect that the system of confidential notification in force did not prevent people seeking treatment, and also that the law seemed to be working fairly well as between the sexes. The district conferences of the Council in this country have, it is stated, afforded evidence of a growing public opinion in favour of legislation enforcing continuous treatment of infective persons. Questions on this subject were circulated to the members of the Council and branches and members of other organizations represented on the Council. Most of the replies expressed the view that the health authorities should

have power, to be obtained by legislation, to compel infective persons to remain under treatment, while the confidential treatment of persons willing to continue until they were non-infective should be preserved. Views were divided as to whether public opinion, in the districts of those replying, was ripe for such a change. Alternative proposals included one for the reporting by medical officers of clinics, and by private practitioners, of cases of syphilis and gonorrhoea among infants, children, and adolescents, to the school medical officer, with a request that the school nurse should follow up those failing to attend for treatment. The work of the colonial commissions sent out by the Council is reflected in reports from the allied councils and branches overseas. At several places at which the commissions touched facilities for treatment have since been provided or extended, and at Trinidad a Venereal Diseases Ordinance has been passed which is said to be checking quack remedies. In reply to a request for a Government grant of £15,000 for 1921-22, the Council was informed that this amount must be reduced by £1,000, that a further reduction of 30 per cent. must take place in the Government grant for 1922-23, and that after the end of 1923 the Government hoped that no further financial call would be made. The Council is therefore taking measures to increase its income from voluntary sources.

SIR FREDERICK TREVES's new book has been published this week by Messrs. Cassell (7s. 6d.). It contains twelve stories or sketches, and the title of the book—*The Elephant Man*—is that of the first, which is a moving account of the sufferings and the psychology of a young man whose terrible deformities made him a show; in certain areas immense hypertrophy of the skin was present, and there were, in addition, bony deformities of the skull and face. The case was fully reported in our columns, with illustrations, on December 11th, 1886 (p. 1188), and on April 19th, 1890 (p. 916).

A COURSE of three public lectures on psychology and psychotherapy will be given in the Department of Psychology, King's College, on February 19th, 26th, and March 5th, at 5.30 p.m., by Dr. William Brown, Wilde Reader of Mental Philosophy in the University of Oxford.

MRS. MARRYAT, sister of the late Sir James Caird, of Dundee, has presented £20,000 to Dundee Royal Infirmary. The directors were about to issue an appeal for that amount to provide additional operating theatres, a central electrical department, etc., but, thanks to this generous gift, the appeal will not now be made.

CASES of small-pox continue to be reported here and there. At Doncaster down to February 9th there had been a total of 93 cases; 8 had occurred within the preceding week. Two or three others were notified at Bentley, not far off, but at Heanor (Derbyshire), where there had been 49 cases, there were signs of abatement. In January the total number of cases in the Basford rural district were 11.

THE Yorkshire Association of the University of Edinburgh met at the Midland Hotel, Bradford, on January 24th. At the general meeting it was decided that the society be known in the future as the West Riding Association. An enjoyable dinner followed, at which sixty members and guests were present. The president, Dr. Rabagliati, proposed the toast of the University. Professor Lorrain Smith, the guest of the evening, in his reply traced recent developments and changes in the University, referring especially to its connexion with Paris and to the recent lamented loss of several of its distinguished teachers. He warmly congratulated the society on its successful resuscitation and took back the best wishes of the graduates to their Alma Mater.

PROFESSOR VINCENT has been elected a member of the Académie des Sciences in place of the late Professor Laveran.

THE late Miss M. L. Jeffcock, of Workop, Notts, has bequeathed £1,000 to the Sheffield Royal Infirmary; £500 to the Jessop Hospital for Women, Sheffield; and £500 to her medical attendant, Dr. George Kemp.

THE Cambridge University Press announces for early publication *Problems in Dynamic Psychology: A Critique of Psychoanalysis and Suggested Formulations*, by John T. MacCurdy, M.D., Lecturer on Medical Psychology, Cornell University Medical College, New York.

PROFESSOR BORDET of Brussels, director of the Pasteur Institute of Brabant, has been made a Commander of the Legion of Honour.

THE Ministry of Health has issued draft regulations, to come into force on August 1st, with regard to the labelling and composition of condensed milk. Every tin must bear a label specifying whether it is full cream, unsweetened, or as the case may be, and stating the equivalent volume of milk (or skimmed milk) contained in it. Tins of condensed skimmed milk are to be labelled "unfit for babies," and instructions as to dilution must be quantitatively accurate. The regulations provide further that condensed milk sold as "full cream unsweetened," or "full cream sweetened," must contain 9 per cent. of milk fat.

THE Council of Epsom College will shortly award "France" pensions of £30 a year to medical men. Candidates must not be less than 55 years of age, and their yearly income, independent of any allowance from the College, must not exceed £100. Application should be made to the Secretary, Mr. J. Bernard Lamb, 49, Bedford Square, W.C.1.

A CIRCULAR (366) has been issued by the chief medical officer of the Ministry of Health, stating that it has been decided to discontinue the practice of forwarding special forms of inquiry when cases of encephalitis lethargica are reported. The facts obtained by these forms have recently been summarized in a report (noticed in the JOURNAL of October 7th, 1922, p. 654), and it is considered improbable that the collection of further details by means of these forms will provide much additional information. It is pointed out that encephalitis lethargica remains on the list of diseases which are compulsorily notifiable, and that the Ministry of Health undertakes the examination of cerebro-spinal fluid in cases of suspected cerebro-spinal fever. The work of Dr. E. G. D. Murray for the Medical Research Council on the subject of the production of an immune serum for therapeutic use in cerebro-spinal fever has been retarded, it is stated, by scarcity of material, and pathologists are asked to send cultures of freshly isolated strains of meningococci from the cerebro-spinal fluid of cases of meningitis direct to Dr. Murray, at the Field Laboratories, Milton Road, Cambridge; special outfits for this purpose may be obtained free of cost at the offices of the Medical Research Council, 15, York Buildings, Adelphi, London, W.C.2.

Letters, Notes, and Answers.

As, owing to printing difficulties, the JOURNAL must be sent to press earlier than hitherto, it is essential that communications intended for the current issue should be received by the first post on Tuesday, and lengthy documents on Monday.

In order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL.

The postal address of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is 429, Strand, London, W.C.2. The telegraphic addresses are:

1. EDITOR of the BRITISH MEDICAL JOURNAL, *Aitiology*, Westrand, London; telephone, 2630, Gerrard.
2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate*, Westrand, London; telephone, 2630, Gerrard.
3. MEDICAL SECRETARY, *Medisecra*, Westrand, London; telephone, 2630, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone, 4732, Dublin), and of the Scottish Office, 6, Rutland Square, Edinburgh (telegrams: *Associate, Edinburgh*; telephone, 4361, Central).

QUERIES AND ANSWERS.

DR. MAUDE K. HOSAIN (110, King's Gate, Aberdeen) writes: If any of your readers could spare their quarterly copy of *Brain* after they have finished with it, to send to one of the German universities, will they kindly communicate with me?

DISTEMPER IN DOGS.

DR. J. S. MANSON (Warrington) writes with reference to the proposal for research into the etiology of distemper (BRITISH MEDICAL JOURNAL, February 10th, p. 249): I have been under the impression for some years that the bacillary origin of distemper was discovered by McGowan of Edinburgh, and that this discovery had been corroborated by American workers. Reference is made to McGowan's researches into canine distemper and other diseases of domestic animals in the book entitled *Edinburgh's Place in Scientific Progress*, issued to the members of the British Association attending the annual meeting in 1921. The great interest shown at the Glasgow meeting of the British Medical Association in the papers and discussion on animal and plant pathology, to which Sir Clifford Allbutt made a notable contribution, induces me to express the hope that someone familiar with these topics will say whether we are as ignorant of the cause of canine distemper as is implied in the statements of the lay press.

* * Dr. McGowan has done a great deal of work with regard to distemper, and has described an organism, *B. bronchi-septicus*, the only cultivable micro-organism which he found to be present with uniformity and in great numbers in the tissues and organs of cases of canine distemper. He has stated also that typical distemper may be induced by infection with pure cultures of this micro-organism, and that dogs which have recovered from attacks so induced are protected on exposure to natural distemper. Dr. McGowan's experiments have led him also to the conclusion that distemper occurs in many other animals besides dogs, and he has described an outbreak, among pigs, of a destructive infection which he believed to be distemper. We gather, however, that Dr. McGowan's results have not so far

been generally accepted by the veterinary profession, and we must assume that the Medical Research Council is of opinion that further inquiry is needed. We hope to recur to the subject on a subsequent occasion.

LETTERS, NOTES, ETC.

RITTER'S DISEASE.

DR. D. WALSH (London) writes: The rare condition described by Dr. Ronald Cairns in your issue of February 3rd (p. 186) suggests an origin in local anaphylaxis. A similar explanation possibly or probably applies to those rare cases in which bullae persistently follow slight traumatism. The precise nature of the antigen in either instance would still have to be ascertained, and naturally one would investigate food idiosyncrasies, at any rate in elder children or adults.

EARLY HUMAN OVA.

DR. R. H. BOTHAM (Skelton-in-Cleveland) writes: Some time ago an embryologist was inquiring through the BRITISH MEDICAL JOURNAL for early fertilized ova. I have a good specimen of seven weeks, which I shall be pleased to send anyone interested. Also a foetus of ten weeks.

A MISQUOTATION.

DR. C. F. CLARKE (Woolwich) has put his finger on a misquotation in our issue of February 3rd. He says:

"The writer of the obituary notice of Dr. Dickson of Marlow introduced a verse from Tennyson at the end. But

"The peaceful stream glides on
Through the vale and under the hill"

should be

"And the stately ships go on
To their haven under the hill."

The lines are from 'Break, break, break'—a tiny classic—which will not bear a word of alteration."

We submitted this to the author of the memoir—"J. A. P. P."—who pleads guilty, and asks to be allowed to set himself right with our readers.

"I was rash and presumptuous," he says, "in daring to alter the beautiful words of the great Victorian poet to suit the changed locale from Severn Sea to Father Thames; in a footnote in the obituary notice I ought perhaps to have apologized for so doing, but such a note appeared to me inappropriate. I am therefore all the more grateful to you for giving me this opportunity of explaining and apologizing to your readers."

This handsome admission impels us to add a word of apology on our own account for the lapse from editorial vigilance.

DETERMINATION OF SEX.

DR. REGINALD MAPLES (Kingsclere) writes: Dr. R. A. Parker's letter (January 27th, p. 174) is most interesting to me, but exactly opposite to my own experience. For the past thirty-five years I, together with many friends, have systematically bred from our small herds calves of the sex we wished by simply following the following rule: If a cow has a bull calf and you wish to continue bull calves you must send her to stock on the second, fourth, or sixth period of coming "on use." If, on the contrary, you desire heifer calves you must send her on the first, third, or fifth period, and so on, till she is stopped. This rule is infallible if you have a reliable cowman to keep observation. This does not apply to a heifer with her first calf, because you have no record how many times already she has been "on use." I have helped many a farmer to breed to sex by giving him this advice. I have some extraordinary reliable records.

ERRATUM.

IN Dr. Mary Gordon's letter on penal discipline (BRITISH MEDICAL JOURNAL, February 3rd, p. 212) the sixth line of paragraph 5 should read "superior surroundings and education," etc., not, as printed, "inferior."

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 30, 31, 34, and 35 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 32 and 33.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 55.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

	£	s.	d.
Six lines and under	0 9 0
Each additional line	0 1 6
Whole single column (three columns to page)	7 10 0
Half single column	3 15 0
Half page	10 0 0
Whole page	20 0 0

An average line contains six words.

All remittances by Post Office Orders must be made payable to the British Medical Association at the General Post Office, London. No responsibility will be accepted for any such remittance not so safeguarded.

Advertisements should be delivered, addressed to the Manager, 429, Strand, London, not later than the first post on Tuesday morning preceding publication, and, if not paid for at the time, should be accompanied by a reference.

NOTE.—It is against the rules of the Post Office to receive *poste restante* letters addressed either in initials or numbers.