

material for examination by dark ground. He was put on novarsenobenzol and mercury injections; the induration and ulcer quickly became much less and disappeared in the course of about three weeks.

## REFERENCES.

- <sup>1</sup>*Proc. Roy. Soc. Med.*, Section of Dermatology, 16, 1.  
<sup>2</sup>*Syphilis*, Cassell and Co., 1909.

## MEDIASTINAL GROWTH WITH VENOUS THROMBOSIS.

BY

J. A. MACLAREN, M.D., CH.B.

THE following case is of interest owing to the difficulty in arriving at a definite diagnosis.

In August, 1922, a medical man began to suffer from general malaise, shortness of breath, and cyanosis of ears and nose; x-ray examination was negative.

In October, when I was called in, there was complete thrombosis of the brachial veins and partial of the external jugulars; the face was puffy and congested, and the arms enormously swollen. The superficial veins of the thorax and abdomen were engorged. The respirations were quickened and shallow; the heart apex was outside the nipple line, and the liver two inches below the costal margin. The pulse was regular, varying between 70 and 80 a minute; there was no heart murmur, and the chest was clear except for slight dullness and diminished air entry at the right base behind. A sputum test was negative for tubercle bacilli; there was no history of syphilis, but there was a history of previous thrombosis of the right leg following enteric fever and malaria some thirty years ago. Treatment consisted in iodides and podophyllum internally, with fomentations to arms and support to arms and head. The oedema and hardness of veins gradually cleared up, and the heart and liver became normal in size. The chest dullness, however, did not disappear, and later the left base behind also became dull; there were no adventitious sounds except for a few occasional coarse crepitations. The extreme bases appeared to be clear and resonant and breath sounds were audible near the spinal column. The dull patches varied in position and extent from day to day, and were influenced by dry cupping. The patient's temperature never rose above normal, and he had no discomfort apart from slight shortness of breath, sleeplessness, and some flatulence.

In February, 1923, oedema began to reappear in the arms, and later in the right leg, and the heart sounds became muffled. There was then no appreciable dullness in the front of the chest. On the chance of there being a septic focus present I now inoculated him with antiseptic vaccine (P. D. and Co.), with the result that the oedema rapidly began to disappear and the chest dullness diminished. After the third weekly dose everything cleared up except a small patch of dullness in the right axillary line of the chest. Improvement in his condition continued till the beginning of April, when suddenly cough became troublesome, cyanosis began to return, and the heart sounds became weak. At this time there was some slight dullness to percussion over the middle of the front of the chest. The patient now lost weight and daily became weaker and more cyanosed, though he stated that he felt really better in himself except for the cough. Cyanosis increased, oedema of both legs set in, he suffered from orthopnoea, and died suddenly after getting into bed on April 19th.

*Post-mortem* examination revealed a soft growth, cheesy and breaking down in parts, adherent to the manubrium sterni. It extended down to the pericardium and surrounded the large vessels at the base of the heart. The apices of the lungs, especially on the right side, were involved, and on cutting into the lung substance secondary deposits could be seen studded throughout both lungs. Microscopically the growth showed all the characteristics of round-celled sarcoma.

The points I wish to emphasize are: (1) X-ray examination showed no evidence of new growth. (2) Until the last week or two of the illness there was no dullness over the anterior mediastinum. (3) The dull patches behind varied daily in size and position, and were influenced by dry cupping. (4) The antiseptic vaccine produced immense temporary relief, causing the dull patches, the cyanosis, and oedema to disappear. (5) What relation, if any, had the new growth to the thrombosis? Finally, I draw attention to this point: "In all cases of venous thrombosis affecting the upper portion of the body the existence of a mediastinal new growth should be borne in mind in spite of the want of direct evidence."

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### ACUTE PUERPERAL INVERSION OF THE UTERUS.

THE case here recorded is of interest on account of the serious condition of the patient when admitted to hospital, and the rapidity with which recovery followed the treatment adopted.

Mrs. M. W., aged 29, was admitted to Victoria Hospital, Southend, on April 16th, suffering from complete inversion of the uterus, following labour, which had occurred an hour previous to admission. She had been under the care of a midwife, who stated that labour had been normal but somewhat precipitate. As the placenta did not come away after half an hour she expressed it, and the "placenta and uterus came down together." The placenta was then removed. She also said that she had not pulled upon the cord, which was normal in length and was not twisted round the child. The haemorrhage was slight. Two years previously the patient had a normal labour, in which the placenta had been retained for an hour after the birth of the child.

On admission the patient was unconscious and pulseless, and in a condition of extreme shock. The shock was treated and consciousness returned in an hour, when the pulse could first be felt. The patient was lightly anaesthetized and Dr. Cleveland Smith succeeded in replacing the uterus by steady pressure for about ten minutes. Pituitrin was given intramuscularly and the uterus douched; it contracted immediately and there was no haemorrhage. For about three days following reposition she had a swinging temperature and an offensive vaginal discharge. This cleared up with douches and she was discharged from hospital three weeks later in perfect health.

The points of interest in this case were the extreme gravity of the shock, the slight amount of haemorrhage, the rapid contraction of the uterus after reposition, and the good results which followed upon early reposition with removal of the placenta as a preliminary.

I am indebted to Dr. Cleveland Smith for permission to publish this case.

ROBERT R. FOOTE, M.R.C.S., L.R.C.P.Lond.

Southend-on-Sea.

#### IDIOSYNCRASY TO MERCURY.

Miss K., aged 26, came to me complaining of a painful eye condition. On examination the lids were seen to be oedematous with small pearly blebs on the skin surface; there was a good deal of injection of the conjunctivae, with similar blebs on them. She complained of excessive watering of the eye, blurred vision, and photophobia. On the posterior surface of the auricle and skin adjoining were erythematous pearl-like blebs. All down one side of the neck over the distribution of the fibres of the trapezius was a distinct shotty erythema.

The case appeared a puzzle until I went into the question of occupation. The patient had lately engaged herself as a dental nurse, and I ascertained that she had been clearing up amalgam fillings, and had touched some globules of mercury. Evidently she had rubbed her eye with the finely divided metallic mercury, and set up slight mercurial poisoning. She had some slight watering of the mouth, and the parotid was very tender.

Evidently the case was one of special idiosyncrasy to mercury, and I congratulated myself that I had not ordered her a mercurial ointment as treatment for the conjunctivitis.

After using a weak solution of potassium permanganate and some cocaine drops for the eye, the rash and other symptoms disappeared in a week.

Bath.

FELIX MEINÉ, M.B., Ch.B.Edin.

IN 1922 there were 386 cases of typhus in Germany as compared with 533 in 1921. Almost all of the cases occurred among immigrants and refugees.

ACCORDING to the *Journal Officiel* the number of marriages in France during 1922 was 383,220, or 73,000 less than in 1921 and 240,000 less than in 1920. The number of divorces was 27,684, or 4,873 less than in 1921 and 1,472 less than in 1920. The excess of births over deaths has diminished on the whole, but was higher in 1921 in nine departments—namely, Pas-de-Calais, Lozère, Corrèze, Ardèche, Saône-et-Loire, Haute-Savoie, Indre, Ain, Aube.

As Mr. Justice McCardie pointed out, no warranty of fitness is implied in the letting of an unfurnished house, though there is a statutory exception in respect of working-class dwellings. As to the nature and extent of this warranty in law, he cited two cases where the tenant had been held to be justified in repudiating the tenancy of a furnished house—in the first case because the house was infected by insects, and in the second case because the tenant had heard before his tenancy commenced on March 28th that a child suffering from measles had been living in the house from March 10th to March 19th. It will be observed that some nine days elapsed between the departure of the infected person from the house and the arrival of the new tenant in the measles case, whereas some six weeks elapsed between the departure of Mrs. Hopkins's husband from the house and the arrival of Mr. Collins, the new tenant in the case before Mr. Justice McCardie. In the measles case Mr. Justice Field held that the tenant was entitled to repudiate because (1) the best disinfecting processes had not been used, and (2) the house was not free from infection on March 28th. Mr. Justice McCardie spoke of the implied warranty as one "which tends to the public good and the preservation of public health," and one to be extended rather than restricted. Construing the phrase "fit for habitation," he said that in the case of unclean furniture, or defective drains, or a nuisance by vermin, there was not, as a rule, much difficulty. The eye or the nostrils could detect the fault and measure its extent. But in the case of a house lately occupied by a person suffering from an infectious disease the eye and other senses were of no avail. Yet a peril was none the less grave because it was hidden. Mere apprehension or dislike of a house because a person had died there of small-pox or scarlet fever was not sufficient. "Was there an actual and appreciable risk to the tenant, his family, or household, by entering and occupying the house in which the infectious disease had occurred?" The answer to this question depended upon (1) the nature of the disease; (2) the degree and persistence of its infectivity; (3) the date when the sufferer lived in the house; (4) the steps taken to prevent the risk of infection.

Speaking of the dangers of the tubercle bacilli, Mr. Justice McCardie said:

"I doubt whether the terrible prevalence of consumption in this country is fully realized. One person in seven dies from it. In recent years science has made rapid progress. Yet up to the day of the trial before me the medical profession had failed to find a serum that would prevent the assaults of infection or a drug that would kill the germs of the disease. Now what is the cause of this terrible measure of suffering and death from consumption? The answer is infection. It is clear that pulmonary tuberculosis in the adult (which causes nearly 80 per cent. of the deaths from all forms of tuberculosis) is the result of infection through direct or indirect contact with human beings already suffering from the disease. All infection is caused by tubercle bacilli. The sputum or other ejection from the mouth of the sufferer may fix on and adhere to the walls or the floors or carpets or rugs, curtains, cushions, bedding, coverings, or any kind of article. I feel no hesitation in coming to the conclusion that a large number of persons are infected by other means than personal association with those who suffer from the disease. If the sputum be allowed to dry, then the bacillus may preserve its virulence and capacity for six months. It can, however, be destroyed in a few days or even hours by open exposure to the direct rays of the sun, and several antiseptics are fatal to it. I should add that I am satisfied that if the bacilli are only exposed to the light and air of an ordinary room (that is, apart from direct sunlight) their life and danger may last for five or six months."

As we have seen, the last date on which the sufferer occupied the house was about six weeks before the date fixed for the entry of the plaintiff, and, as the learned judge accepted the evidence of one of the plaintiff's witnesses that the house was "one of the dustiest and dirtiest he had ever seen," thus negating the contention that it had been cleansed, and, added to this, was satisfied that "if the bacilli are only exposed to the light and air of an ordinary room their life and danger may last for five or six months," his conclusion follows: "that there was a substantial risk that the house and its contents were so infected with tubercle bacilli on October 26th, 1922, as to constitute an actual danger to the plaintiff and his household," and "to render it unsafe for occupation."

Mr. Justice McCardie commented upon the omission of the medical attendant, through an oversight, to notify the case to the medical officer of health. Also it was, said the learned judge, a matter of regret that after the husband's departure for Switzerland no doctor visited the house or gave any directions or advice as to the needs and methods of disinfection.

The duty of medical practitioners to notify tuberculosis is laid down in the Public Health (Tuberculosis) Regulations, 1912, Article V, whilst the duties devolving upon the medical officer of health upon the receipt of such notification are laid down in Article XII—that is, that he "shall make such inquiries and take such steps as are necessary or desirable for investigating the source of infection, for preventing the spread

of infection, and for removing conditions favourable to infection"

It may be presumed that if the medical attendant in this case had notified the disease, then the machinery set up by these Public Health (Tuberculosis) Regulations would have been put in motion, and the house and its contents cleansed and disinfected before the plaintiff entered into occupation.

#### PROSECUTION UNDER THE MEDICAL ACT.

A MAN named William Lumsden was charged before the Bradford stipendiary magistrate on June 15th, on seven summonses, with falsely pretending to be a bachelor of medicine. Defendant pleaded guilty. According to the *Yorkshire Post* of June 16th, Mr. Ross Pashley, who prosecuted on behalf of the Director of Public Prosecutions, said that the defendant had been a medical student at Edinburgh, but did not pass his final examination. From 1913 to 1915, representing himself to be a registered medical practitioner, he acted as locum tenent to a medical practitioner in Bradford. He then went to sea as a surgeon. In 1916 he applied to the General Medical Council for a certified copy of the entry in the *Register* of William Lumsden (a registered medical practitioner who had no connexion with defendant). As the General Medical Council had at that time no specimens of signatures of practitioners registered in Scotland, a copy of the entry was sent to the defendant. From 1920 to 1923 he again acted as locum tenent in Bradford, and had signed seven death certificates, putting his qualification as M.B. When interviewed by a detective he produced the certified copy of the entry which he had obtained from the General Medical Council. Mr. Pashley pointed out that the case was serious, because of the danger to the community. The stipendiary magistrate said that it was of the first importance that death certificates should be given by properly qualified and registered persons. He imposed fines and special costs amounting to a total of £106 15s.

Dr. William Lumsden, M.C., M.B., C.M. Aberdeen, D.P.H. St. Andrews, of Darlington, is the only William Lumsden whose name appears on the *Medical Register*. Dr. Lumsden qualified at Aberdeen University in 1897, and served with distinction in the war, in France, and at Salonica, being awarded the Military Cross. He is anxious that his friends should know that he has no association with the person charged at Bradford, who in fact seems to have attempted to personate him.

### Universities and Colleges.

#### UNIVERSITY OF OXFORD.

At a congregation held on June 21st the degree of Bachelor of Medicine (B.M.) was conferred on C. R. Lane.

#### UNIVERSITY OF CAMBRIDGE.

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

M.D.—A. A. Prichard, W. T. Beswick.  
M.B.—F. E. Higgins.  
M.B., B.Ch.—J. G. Drew, W. F. T. Adams.

The following candidates have been approved at the examination indicated:

THIRD M.B., B.Ch.—*Part I (Surgery, Midwifery, and Gynaecology)*: J. C. Ainsworth Davis, P. E. Bardsley, B. Bradbent, J. T. Burrell, N. E. Chadwick, W. E. F. Davidson, G. S. W. Evans, M. W. H. Evans, L. S. Fry, T. S. Goodwin, C. J. P. Grosvenor, H. E. Harris, G. T. Henderson, E. G. Holmes, J. W. W. Jepps, A. H. Johns, L. P. Lockhart, C. A. Lupton, R. J. Lythgoe, G. C. Millis, A. C. Mowle, E. B. Murrell, L. R. W. Price, R. J. V. Pulvertaft, J. Russell, C. E. G. Smith, R. W. Smith, J. D. M. Stewart, J. H. G. Thompson, E. R. Weaver-Adams, M. H. Webb-Peploe, R. Whillis, L. E. H. Whitby, R. N. P. Wilson. Women: G. M. Brown, M. E. Kennedy. *Part II (Medicine, Pathology, and Pharmacology)*: B. Broadbent, E. B. Brooke, G. H. Caiger, B. H. Cole, G. K. Cooper, R. J. Crisp, W. E. F. Davidson, W. Edwards, L. E. Frazer, L. B. Hartley, L. Lawn, S. Orchard, A. V. Pegge, L. R. W. Price, J. Russell, J. M. Scott, A. G. Story, C. Sturton, E. Tsgoe, C. G. Taylor, G. D. Thomson, A. S. H. Walford, L. E. H. Whitby, R. N. P. Wilson. Women: M. E. Kennedy.

#### UNIVERSITY OF LONDON.

At a meeting of the Senate held on June 20th Mr. H. J. Waring, M.S., F.R.C.S., was re-elected Vice-Chancellor for the year 1923-24.

Professor Frederick Wood Jones, D.Sc., M.B., B.S., was appointed as from September 1st next to the University Chair of Anatomy tenable at St. Bartholomew's Hospital Medical College. He has been Demonstrator in Anatomy at the London Hospital, Senior Demonstrator and Lecturer in Anatomy at Manchester, Senior Demonstrator in Anatomy at St. Thomas's Hospital, and head of the Department of Anatomy at the London School of Medicine for Women. Since 1919 he has been Professor of Anatomy in the University of Adelaide.

Mr. R. J. S. McDowall, M.B., Ch.B., D.Sc., was appointed as from August 1st next to the University Chair of Physiology tenable at King's College. During the war he served in the R.A.M.C. with the Egyptian Expeditionary Force. He has been Lecturer in Physiology at Edinburgh, and since 1921 he has been Lecturer in Experimental Physiology and Experimental Pharmacology at Leeds.

Mr. Gilbert Stead, M.A., was appointed as from August 1st next to the University Readership in Physics tenable at Guy's Hospital Medical School.

#### UNIVERSITY OF DURHAM.

THE following candidates have been approved at the examination indicated:

THIRD M.B., B.S.—*Materia Medica, Pharmacology and Pharmacy; Public Health; Medical Jurisprudence; Pathology and Elementary Bacteriology*: \*C. C. Ungley, \*E. V. Griffiths, \*Charlotte B. Schofield, C. W. Arnot, D. R. F. Bertram, F. H. Blackburn, A. Brodie, J. Brown, A. Charlton, Nora E. Colman, N. Davison, J. W. Dickinson, D. Ewart, J. R. Garson, A. Gray, J. T. Holliday, A. H. Holmes, S. Hughson, Marjory G. T. Jacka, M. H. Jones, B. Kaplansky, H. Levy, F. Lishman, D. W. McLaren, R. A. Pallister, Ethel G. Potts, A. Purvis, S. C. Stonier, W. Toward, W. S. Walton, R. Wear, J. Y. Woodhouse.

\* Second class honours.

#### UNIVERSITY OF MANCHESTER.

THE Council, on June 20th, appointed Mr. H. S. Raper, C.B.E., D.Sc., M.B., Ch.B., as Brackenbury Professor of Physiology and director of the physiological laboratories as from September next. Dr. Raper is at present professor of physiology and biochemistry in the University of Leeds. During the war he was engaged in research work on protection against poison-gas, and from 1918 was head of the Anti-Gas Department, with control of the factories in which respirators were made.

The Council have accepted with regret the resignation of Dr. A. M. Mitchell, lecturer in vaccination.

The following appointments have been made: Clinical Lecturer in Ophthalmology, Mr. T. M. Bride; Assistant Lecturer in Anatomy, Dr. David Stewart; Demonstrators in Anatomy, Dr. G. V. Ashcroft, and Miss Eugenia R. A. Cooper, M.B., Ch.B.

Dr. W. H. Wood has been appointed Tutor and Secretary to the Faculty of Medicine.

#### UNIVERSITY OF LEEDS.

DR. JOHN KAY JAMIESON, Dean of the Faculty of Medicine and Professor of Anatomy, University of Leeds, has been appointed Pro-Vice-Chancellor of the University for two years, in succession to Professor Smithells.

#### UNIVERSITY OF BRISTOL.

THE following candidates have been approved at the examinations indicated:

FINAL M.B., Ch.B.—*Part I, including Forensic Medicine and Toxicology*: E. B. Catterbeck, E. B. Eadie, J. A. James, F. G. Jenkins, F. Langford, G. S. Mundy, A. S. Prowse. *Part I only*: R. H. Dummett, K. F. Platt. *In Forensic Medicine and Toxicology only*: Helen M. Dixon. *Part II*: \*F. H. Bodman, \*Constance L. Griffiths, Dorothy Staley, Idris Williams.

\* With second-class honours.

#### UNIVERSITY OF GLASGOW.

AT the summer graduation ceremony which took place on June 21st a number of distinguished graduands were presented for honorary degrees in various departments. Amongst those who received the degree of LL.D. (*honoris causa*) from the Principal, Sir Donald MacAlister, were the following members of the medical profession: Sir Walter Morley Fletcher, K.B.E., D.Sc., M.D., F.R.C.P., F.R.S., Secretary of the Medical Research Council; Graham Lusk, Ph.D., D.Sc., F.R.S.E., Professor of Physiology in Cornell College, New York; Andrew Maitland Ramsay, M.D., F.R.F.P.S.G., ophthalmic surgeon, Glasgow, and formerly lecturer in diseases of the eye in the university.

The following degrees were also conferred:

M.D.—\*Grace H. Anderson, †J. B. D. Galbraith, †B. S. Nicholson, †Lydia I. H. Torrance, C. Averill, A. D. Blakey, L. L. Fyfe, A. Macphail, J. M. Melvin, G. W. Ronaldson.

\* With honours. † With high commendation. ‡ With commendation.

#### UNIVERSITY OF DUBLIN.

##### TRINITY COLLEGE.

AT the later summer commencements in Trinity Term, held on June 23rd, the following degrees were conferred:

M.D. (*honoris causa*).—W. J. Mayo, E. Hastings Tweedy.

M.D.—H. H. James, G. Fitz M. Keatinge.

M.B., B.Ch., B.A.O.—A. Asherson, J. C. Byrne, E. G. Copeland, A. Darlington, R. A. Dench, W. S. Dixon, Dorothy C. H. Dorman, Alice M. A. Downing, F. T. Easby, B. W. D. Fayle, A. V. Foster, T. Freedman, S. D. Gabbé, J. A. Gaynor, C. Gordon, R. C. L. Griffiths, P. J. Grobler, H. L. Hanna, L. Heyman, R. L. Hill, W. T. Hogan, W. E. Hutchinson, R. T. Jackson, M. Jaffe, H. Kohlberg, J. Kruger, H. Lewin, C. T. MacCarthy, H. M. Martin, V. O. McCormick, R. S. M'Elroy, B. Morris, S. Narunsky, J. M. O'Connor, F. J. O'Meara, L. Phillips, R. A. D. Pope, H. S. Roseman, Marjorie F. Sibthorpe, F. W. G. Smith, P. F. H. Wagner, J. B. Wells, T. G. Wilson, Wilfred E. C. Wynne, Maria E. Wazener (*in absentia*).

LICENTIATE IN MEDICINE, SURGERY, AND OBSTETRICS.—W. L. Duncan.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AT the recent primary examination in anatomy and physiology for the Fellowship 134 candidates presented themselves, of whom 42 were approved and 92 were rejected. The following are the names of the successful candidates:

W. S. Adams, R. M. Ainsworth, G. Armitage, R. M. Bates, C. E. Beare, C. M. Brophy, C. J. O. Brown, C. M. Carruthers, J. Carver, E. T. Cato, Violet H. Comer, C. H. Corbett, J. Dreadon, Georgiana M. Duthie, N. L. B. V. Eckhoff, J. T. Fathi, R. A. Fitzsimons, S. J. E. Gray, R. V. Hennessy, R. V. Hudson, A. E. John, P. J. Jory, C. A. King, P. B. Kittel, R. C. B. Macrae, R. H. Metcalfe, B. S. Nat, J. B. Oldham, F. G. Ormerod, C. Panchalingam, G. H. Pfeiffer, R. Pilot, L. S. Potter, I. Price, D. E. Röss, H. J. Seddon, H. R. Sgar, Beatrice G. Smith, H. B. Stallard, F. H. A. Walker, C. A. Wells, and E. F. Wilson.

## Medical News.

THE Albert Medal of the Royal Society of Arts has been awarded in duplicate to Major-General Sir David Bruce, K.C.B., D.Sc., LL.D., F.R.C.P., F.R.S., and to Colonel Sir Ronald Ross, K.C.B., K.C.M.G., D.Sc., LL.D., M.D., F.R.C.S., F.R.S., in recognition of the eminent services they have rendered to the economic development of the world by their achievements in biological research and the study of tropical diseases.

STATISTICS of the sanitary conditions among the Jews in Russia and an account of the activities of the O.Z.E. (Society for Preserving the Health of the Jews) were given by Dr. M. Schwartzman at a recent meeting of Jewish doctors at Jews' College. The civil war and the social revolution resulted in complete economic ruin, in which the Jews were the principal sufferers. The rate of mortality was computed at 80 per 1,000, and in some places it reached 150-200 per 1,000. The rate of births sharply declined. Dr. Schwartzman's address had for its object the stimulation of interest in the O.Z.E. organization. Started before the war with the object of stemming the effects of economic and political persecution on the physique of the Jewish masses, it had established before the revolution a network of institutions, hospitals, sanatoriums, open-air colonies, and the like, and had developed physical culture and sanitary education. Between 1914 and 1918 the O.Z.E. was at work in 218 localities, had 105 hospitals and 190 sanitary establishments, and was taking care of 90,000 children. The budget of the O.Z.E. in these three years exceeded £500,000. A resolution was passed to establish in London an organization in support of the O.Z.E. Mr. A. H. Levy, F.R.C.S., was elected chairman of the committee which will be in charge of the work of the organization. Dr. Redcliffe N. Salaman, who presided at the meeting, read a number of messages containing expression of support and sympathy. Among these were letters from Lord Robert Cecil, Mr. Ramsay MacDonald, Sir Sydney Russell-Wells, Sir Frederick Mott, Dr. Charles Myers, and Professor Zeligman.

THE annual meeting of the Dutch Pediatric Society was held at Groningen on June 9th and 10th, when the following papers were read: Etiology and clinical aspects of rickets, by J. Haverschmidt; pathogenesis of rickets, by J. Gorter; lipodystrophia progressiva and osteopsathyrosis, by E. S. Frank; the result of the Albee-Halsted operation, by G. J. Hoet; treatment of pertussis by vaccine, by J. H. van der Starp; and two cases of leukaemia, by B. E. J. H. Becking.

ACCORDING to the annual report for 1922 of the Manchester Babies' Hospital, 253 children were in the hospital during the year. The greatest number of admissions was in the fourth month, and over 50 per cent. of admissions of all cases under one year were in the third, fourth, and fifth month. Of the 206 cases discharged during the year, 142 were discharged improved in health, 6 were discharged on transfer to other hospitals, 14 for other reasons, and there were 44 deaths. Nursing mothers were established in the hospital for the first time during the year, and it was found that they yielded from 27 to 31 oz. of milk a day in addition to their own children's feeds. During the previous four and a half years only 22.2 per cent. of premature infants had survived; since the employment of nursing mothers 64.7 per cent. of the premature infants fed lived.

A STUDY tour—the seventeenth *Voyage d'Études Médicales*—will take place under the direction of Professor Paul Carnot and Dr. Rathery, of Paris, from September 9th to 22nd. In fourteen days visits will be made to the Jura spas (La Mouillère, Salins-du-Jura, Divonne), the Swiss universities of Geneva and Lausanne, the Savoy spas (Evian and Thonon, Chamonix, Saint-Gervais, Annecy, Aix-les-Bains, Le Revard, Challes, Allevard, Montiers-Salins, Brides, Pralognan), and the Dauphiné spas (Uriage, Grenoble, and Saint Pierre de Chartreuse, La Motte-les-Bains, La Grave and Le Lautaret). The party will break up on September 22nd at Lyons, after visiting the school of medicine there. This study tour is

exclusively reserved for medical practitioners and medical students; they can, however, up to 15 per cent. of the total, be accompanied by their wives or one of their daughters. The cost of the journey, from the meeting place, Besançon, to the breaking-up place, Lyons, is 790 francs, including all expenses. A 50 per cent. reduction will be granted on the French railways from the frontier station to Besançon, and a similar reduction from Lyons back to the frontier station. Further information may be obtained from Madame Juppé-Blaise, representative of the French spas, at the French Touring Office, 56, Haymarket, S.W.1.

THE annual meeting of the Medico-Psychological Association of Great Britain and Ireland will be held under the presidency of Dr. E. Goodall at the house of the Medical Society of London, 11, Chandos Street, Cavendish Square, W.1, on July 9th, 10th, 11th, 12th, and 13th.

THE Council of the Royal Institute of Public Health has accepted invitations from the mayor and the University of Bordeaux to hold its annual meeting there at Whitsuntide next year. The president will be Viscount Burnham, and the local honorary secretaries, Professor René Cruchet, professor of medicine in the University of Bordeaux, and M. G. Faure, treasurer of the Chamber of Commerce. The meetings will take place in the University. Special arrangements are being made for travelling and hotel accommodation.

DR. S. J. CLEGG, on leaving the post of deputy medical officer of health for Newcastle to take up the duties of medical officer of health for Durban, South Africa, has been presented by his colleagues in the Newcastle Health Department with a pair of binoculars. Dr. Clegg has also received a silver inkstand from the members of the 50th (Northumberland) Sanitary Section, of which he was commanding officer in France.

#### ERRATUM.

READERS of the JOURNAL are asked to substitute the following for the last seven lines of the paragraph beginning "The remainder of this absorbing report" in the issue of June 9th (p. 988, col. 2):

the whole more efficacious than the mercury vapour lamp or cod-liver oil, especially as regards improvement in general health; but there was an impression that the addition of cod-liver oil to open-air treatment accelerated cure (p. 84). It is important to note that excellent conditions of hospital hygiene in winter, with a diet of high calorie value (Diet I), did not effect a cure of rickets.

## 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.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C.2, on receipt of proof.

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, 4737, Dublin), and of the Scottish Office, 6, Rutland Square, Edinburgh (telegrams: *Associate, Edinburgh*; telephone, 4361, Central).

#### QUERIES AND ANSWERS.

"T. P. G." asks for advice in the treatment of a married woman (2-para), aged 45, who is troubled with a constant sensation of "fluttering" down the course of the left sciatic nerve from the thigh to the calf. There is no pain. It is worse at night, especially if she is tired. Blisters have been tried without benefit.

#### INCOME TAX.

"I. N." who holds a resident appointment at a sanatorium, inquires (a) whether the cost of removal from one sanatorium to another is an admissible expense, and (b) what allowance can be

claimed for the use of his car for the purpose of attending committee meetings.

\* (a) Nothing is legally due if the removal arises from a change in the appointment held. The expense could be claimed if the removal were from one sanatorium to another of the same authority by that authority's direction. (b) No allowance is due for the initial cost of the car—which represents capital outlay—but assuming that attendance at the committee meetings is a part of his duties, "I. N." can deduct the amount of the expense necessary—that is, if he were to go by car, train, tram, etc.—as included in the total cost of running the (private) car.

#### LETTERS, NOTES, ETC.

##### MEDICINE AND MEDICINES.

DR. JAMES GARDNER (Burnley) writes: From your review of it Dr. Harry Roberts's book, *A National Health Policy*, must be interesting and worth reading, and I shall get it and read it during my holiday. Your reviewer gives one quotation—"Nine out of every ten bottles of medicine prescribed are entirely useless to the persons taking them, and are known to be useless by the doctors who prescribe them." How does Dr. Roberts know this to be true? He cannot be so intimate with other doctors' practices to know the results of their prescriptions, and if the statement be true of the practice carried on by him and his partners he should say so and not make the sweeping assertion quoted in your review. The matter does not end here, because drugs are noxious articles and cannot pass harmlessly through the body; if they are not useful they are not merely useless but harmful, and a corollary to Dr. Roberts's statement must be that nine out of every ten bottles of medicine are harmful—minus the mere placebos. This is serious from two points: (1) Public finance; (2) our system of therapeutics.

(1) There are 14,000,000 insured persons, and the drug bill is between 1s. 6d. and 2s. per insured person. At 2s. the bill is £1,400,000, and nine-tenths of this amount is £1,260,000, spent on useless and harmful drugs. Or if the figure is 1s. 6d., the amount spent uselessly and harmfully is £945,000. Comment is superfluous.

(2) Dr. Roberts's statement is an indictment of our system of therapeutics. If nine-tenths of our prescriptions are useless, whose is the fault? Our teachers, or ours individually? Some years ago the Royal Colleges in London cut pharmacology out of their examination. Has it been reinstated, or do the Colleges still disbelieve in it? The subject is still taught in universities, but for what purpose should students spend time over a subject if nine-tenths of it be useless, not to say harmful? We talk of the honour and dignity of the profession, and yet we go on prescribing and outwardly professing our faith in the healing virtue of drugs we know to be harmful; to my mind, there is neither honour nor dignity in us if the assertion be true.

Is our system of therapeutics at fault, or have we any system at all? It certainly behoves us to reconsider our position, both on account of the financial aspect and "for the honour and dignity of the profession."

\* The curriculum of the Conjoint Board in England has for many years past included a course of pharmacology and therapeutics; therapeutics was specified as one of the final examination subjects, but pharmacology was included under the head of medicine and therapeutics. In 1919 pharmacology was grouped with materia medica as Part II of the second professional examination of the Board, leaving therapeutics only to be included under medicine in the final examination. It would appear, therefore, that pharmacology has never ceased to be a part of the curriculum but has been a subject of examination with materia medica since 1919.

#### VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 32, 33, 36, 37, and 38 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 34 and 35.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 288.

#### SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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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, W.C.2, 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 restants* letters addressed either in initials or numbers.