erythema had cleared up, but he continued to run a temperature and grow paler. He had headache at the onset of his illness. He improved, but although he said he felt all right he was very easily fatigued. He was advised to have sanatorium treatment, and was admitted to the Derbyshire County Sanatorium on October 24th. Dr. Niven Robertson, physician superintendent, reports his condition as follows:

"Cheeks flushed, pale waxy skin round the mouth, thyroid slightly enlarged, phlyctenule on the right eye at 9 o'clock on the limbus. Right Kronig's area 1¼ inches, left Kronig 1/2 inch. Marked loss of resonance upper part of left lung, no adventitious sounds. *X*-ray examination shows well marked hilus shadows on both sides and dense triangular shadow at the left apex resembling 'pneumonic triangle.'

"*Quantitative von Pirquet Test*, November 8th, 1923: 64, 16, 4, 1 per cent., all well marked positive. Latterly the scarified areas closely resembled erythema nodosum patches.

"*Arneth Count*, November 22nd, 1923: 23, 41, 32, 4, 0; left-hand drift; positive.

"*Spengler's Precipitation Test:*

| | | |
|---|---|---|
| Specific precipitation | ... | 1 in 100,000, positive. |
| Bovine precipitation | ... | 1 in 100,000, positive. |
| Auto-precipitation ... | ... | 1 in 100,000, positive." |

REFERENCE.

1 *Tubercle*, June, 1922.

## A CASE OF ERYTHROEDEMA POLYNEURITICA.

BY

J. V. C. BRAITHWAITE, M.D., M.R.C.P.,

ASSISTANT PHYSICIAN,

AND

A. VERNON PEGGE, M.R.C.S., L.R.C.P.,

HOUSE-PHYSICIAN,

LEICESTER ROYAL INFIRMARY AND CHILDREN'S HOSPITAL.

ACCORDING to Drs. Donald Paterson and Greenfield,[1] who have recently published an account of five cases of this uncommon disease, the chief characteristics of the malady are: (1) the age incidence—it occurs in young children from 4 months to 3 years of age; (2) erythroedema—coldness, redness, swelling, and irritation of the extremities; (3) sweating, associated with a mouse-like odour; (4) alopecia; (5) insomnia and mental depression; (6) muscular hypotonia; (7) partial loss of sensation. Two of these cases died, and *post-mortem* examination revealed marked degeneration of the peripheral nerves with evidence of inflammatory changes in the spinal cord.

Diphtherial neuritis, avitaminosis, and infection have been suggested as causes; Paterson and Greenfield incline to the last view. There is some evidence that the cases follow influenzal epidemics.

When the paper referred to above was published the following case was under observation in the Children's Hospital of the Leicester Royal Infirmary.

M., aged 3, was sent to the out-patient department by Dr. Garrett of Earl Shilton, Leicestershire, on August 22nd, 1923, suffering from sleeplessness, sweating, and weakness. She was a full-time infant, and the labour had been normal. There were four other children, all well, and the parents were healthy. The patient had had no previous illnesses. She had walked and talked at 12 months; teething had commenced at 10 months. The present symptoms had come on gradually during the preceding eight weeks. In addition to the sweating, sleeplessness, and weakness, she had "gone off her legs," and her hands had been cold and red. There had been much crying. The appetite had considerably decreased. Just before the symptoms commenced the patient had suffered from a severe "cold on the chest." The child had been breast-fed until 18 months; she was then weaned and put on to cow's milk, various foods being added until she was having 1 pint of milk, milk puddings, egg, fish, bread, butter, jam, potatoes, and gravy.

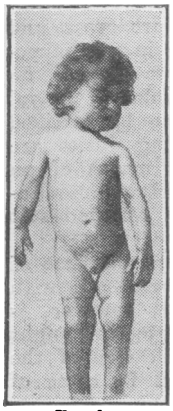


FIG. 1.

The patient was quite well nourished, and walked fairly well (Fig. 1). The arms and legs were red, swollen, and cold, but although they looked oedematous they did not pit on pressure. There was extreme muscular atony, and the limbs could be placed in all sorts of bizarre positions as is shown in the photographs (Figs. 2, 3), which remind one of amyotonia congenita. No abdominal reflexes or knee-jerks could be obtained, but the ankle-jerks were present. There was marked alopecia in the temporal regions. The urine showed no gross abnormality.

The patient was admitted for further investigation. While in the ward she was placid, but abnormally quiet and still, and her hands seemed painful. No definite sensory loss was ascertained. A fortnight after admission she had for a week irregular pyrexia, for which no cause could be found; the highest temperature was 100° F., otherwise the temperature was subnormal but irregular. The systolic blood pressure was 110 mm. Hg, diastolic 80. The vasomotor paralysis and amyotonia suggested that the chromaffin tissue was affected, but 10 grams of glucose by the mouth produced no glycosuria, and 20 grams only a trace of sugar in the urine. (The weight of the child was 23 lb.) The blood sugar was 0.1 per cent. Swabs from the nose and fauces showed on culture the presence of Hoffmann's bacillus in large numbers; there were no true diphtheria bacilli. The redness and coldness of the extremities was apparently uninfluenced by the temperature of the air.

FIG. 2.

The treatment given was general massage, under which the patient slowly but surely improved. By October 23rd both knee-jerks were obtainable, and the limbs could not be placed in abnormal positions. The child's mental attitude was much brighter, and the erythroedema was markedly less. She was discharged on October 30th very much improved.

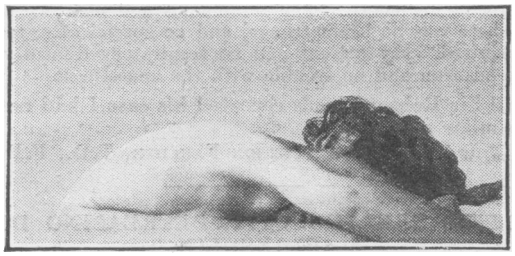


FIG. 3.

It will be seen that this case corresponds very closely to those described by Paterson and Greenfield. The only differences were the absence of any demonstrable sensory loss and of any distinctive odour.

REFERENCE.

1 *Quart. Journ. of Med.*, October, 1923.

# Memoranda:

## MEDICAL, SURGICAL, OBSTETRICAL.

### DIATHERMY IN LUPUS OF SOFT PALATE AND FAUCES.

THE treatment of lupus by diathermy appears to be more frequently employed in France than in England. I have used it in intranasal lupus with very satisfactory results, and the following case shows the effects in lupus of the throat.

A. L., a woman aged 26, was first seen in March, 1923. She gave a history of stiffness and soreness of the throat for six months, with some pain when swallowing. She also had a cough. The whole of the soft palate and fauces were affected by lupus, which spread from there over the pharynx and involved it for 1 to 1½ inches from above downwards. Ulceration had taken place on and in the region of the uvula. The posterior surface of the soft palate was free from disease, and there were no signs of any mischief in the lungs.

On March 27th, under a general anaesthetic, the greater part of the diseased area was treated with the small button electrode. A fairly strong current was employed, and the electrode moved somewhat rapidly over the diseased parts so that superficial coagulation was obtained with little injury to the deeper tissues. Throughout the application the fact that it was better to do too little than too much was kept in mind. On April 17th a further application was made, and on healing being completed only one or two small points of disease remained.

She was prevented by her work from attending hospital again till November, when it was found that the diseased patches which were seen after healing in May had enlarged considerably, but no fresh infection had occurred in the healed area. On November 20th she was again treated, and all the affected area appeared perfectly healthy after healing was completed, except one minute patch, consisting of five or six apple-jelly nodules, on the left posterior faucial pillar. These were treated under local anaesthesia.

The whole affected area, which was stiff, is now soft and pliable and shows very little scarring—much less than had the curette or cautery been used, and the only deformity that is present is some shortening of the uvula.

Newcastle-on-Tyne. W. J. HARRISON, M.B., M.R.C.S.

## RETROPHARYNGEAL LIPOMA.

THE case of retropharyngeal lipoma reported by Sir Robert Woods in the JOURNAL of January 26th (p. 144) has reminded me of a similar case which occurred in my practice at the Throat Hospital, Golden Square, about twelve years ago. This case has, I think, not been fully reported, but it has been mentioned several times at the meetings of the Laryngological Section of the Royal Society of Medicine.

The patient was a middle-aged man whose symptoms resembled those described by Sir R. Woods—namely, interference with swallowing, phonation, and breathing. There was some doubt about the correct diagnosis, and by many the tumour was thought to be a chronic retropharyngeal abscess. Partly for that reason I approached it at the operation from behind the sterno-mastoid muscle on the left side. The tumour was easily exposed, and was found to be covered by a very well defined layer of fascia, which I took to be prevertebral. On incising this fascia a fatty tumour immediately began to escape, and the tumour proved to be an oblong lipoma about seven inches in length. The oesophagus and pharynx were not seen; there was no haemorrhage, and no special after-treatment was required. My patient had no respiratory difficulty in the supine position and no trouble with the anaesthetic.

Until Sir Robert Woods reported his case I had not heard of a similar one.

London, W. T. JEFFERSON FAULDER, T.D., F.R.C.S.

## DIABETES TREATED WITH DECREASING DOSAGE OF INSULIN.

THE following case may be of interest in that it appears to show that the interval between successive injections of insulin can be increased without causing any retrogression in the condition of the patient. I am indebted to Drs. A. B. Slingsby Todd and Basil Browning, in whose hands the treatment has been carried out, for permission to publish this report. All the blood sugar estimations have been carried out by the writer by Maclean's method, the patient remaining in her own home throughout the whole course.

The patient, Mrs. M., aged 53, had been ill for four years, losing weight gradually during this time, but she began to grow very rapidly worse in June, 1923, suffering from polyuria, incessant backache, dimness of sight, continual thirst, and progressive weakness. During the month immediately preceding the commencement of treatment she had lost 13 lb.

*Condition of Patient in August, 1923.*—The patient was confined to bed, extremely weak and emaciated. She was passing large quantities of urine at frequent intervals during the day and night (6 pints), and had glycosuria to the extent of 575 grams a day. Her diet consisted chiefly of lean meat, gluten bread, milk, and a little butter—total, approximately 910 calories. Her blood sugar was 0.4 per cent. On August 16th she received her first injection, 20 units of insulin, at 12 noon, and her blood sugar, estimated six hours later, had not fallen below 0.36 per cent. During the first seven days the blood sugar was estimated daily, and since at the end of that time it had fallen only to 0.22 per cent. the dose of insulin was increased to 30 units daily.

The glycosuria diminished rapidly; in four weeks from the beginning of the treatment it had completely disappeared, and the quantity of urine had fallen to 2½ pints a day. During this time the weight increased steadily at an average rate of 1½ lb. a week, and the patient's condition was decidedly better. The blood sugar had fallen to 0.16 per cent. On September 24th it was decided to increase her diet, 1 oz. of white bread and about 4 oz. of fresh fruit being added. The blood sugar rose immediately to 0.34 per cent.; therefore the diet was again reduced, when the blood sugar fell to 0.22 per cent.

During October and November the blood sugar fell gradually to 0.16 per cent., and since the patient was steadily gaining in weight and in strength slight additions to the diet, in the form of small quantities of white bread and fresh fruit and green vegetables, were made, 30 units of insulin being given daily during this time. At the beginning of December the patient's condition was so good that it was decided to give the insulin on alternate days only. A few weeks later, the diet having been gradually amplified without any ill effects, the insulin (30 units) was given twice a week and was later reduced to 20 units twice a week, and this dose has been continued down to the present time. On October 9th a sudden unaccountable rise in the blood sugar (0.4 per cent.) took place, together with a reappearance of glycosuria (240 grams). We had been obliged to use a new brand of insulin, but on notifying the makers of its apparent ill effects they informed us that they had received no complaints from users of the same brand of insulin sent out at the same time, and since the patient assured us that she had added nothing to her prescribed diet the sudden disturbance has had to remain unexplained.

The present condition of the patient is most satisfactory. She is on a practically normal diet, with the exception of potatoes and exclusively sweet and starchy foods; she has no glycosuria and her blood sugar is 0.13 per cent.; her appearance shows a remarkable improvement, her weight being now 10 st. 3½ lb.; and she has been able to resume all the duties which she had been obliged to abandon through extreme emaciation and loss of strength.

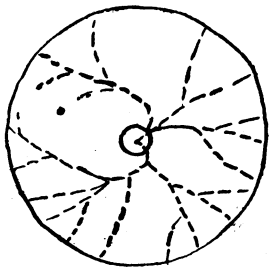
Twickenham. ETHEL BROWNING, M.B., Ch.B.

## POST-MORTEM CHANGES IN THE FUNDUS OCULI.

ABOUT twelve months ago, when house-physician in the Edinburgh Royal Infirmary, I happened to examine the fundus oculi of a patient who had just died. Striking changes were observed to which no reference could be found in the literature, and the investigation so fortuitously begun was systematically continued; unfortunately only ten cases became available, but they are recorded in the hope that some other observers may be tempted to continue an investigation I have no opportunity to pursue.

Immediately after death the blood vessels in the fundus begin to undergo a characteristic change, which consists in an appearance of segmentation of the vascular contents; the change when fully developed might be aptly likened to the replacement of the uninterrupted lines of the vessels by chains of anthrax bacilli with the interbacillary intervals somewhat increased. Later the retina becomes studded with indefinite plaques of a furry appearance.

With regard to the time of development of these changes, it is not possible to be dogmatic with so small a series, but the following facts were noted. In one minute to a minute and a half after death the change was visible in a few of the vessels at the periphery, and throughout it seemed to be more marked in the veins; in five to seven minutes the vessels on the disc had become involved, and in ten minutes the changes were present in nearly all the vessels; in about fifteen minutes the oedematous appearance of the retina had appeared, and the image became gradually more blurred owing to this fact, and to the distortion by cooling of the cornea. In about half an hour after death condensation of moisture on the cornea rendered further observation impossible. That the change is not *ante mortem* was demonstrated in three comatose cases examined from fifteen to five minutes before death.



Schematic diagram. It makes no pretence to anatomical accuracy, and is intended only to illustrate the nature of the vascular change.

These changes are not microscopic; they are gross, and obvious even to anyone without any training in ophthalmoscopy; I demonstrated them to one or two nurses. So characteristic are they that in the Edinburgh Royal Infirmary, where the fact of death has to be certified by the houseman before the various nursing duties are begun, I was wont to diagnose death by means of an electric ophthalmoscope, instead of by the usual auscultatory method, and several of my colleagues followed suit and confirmed the findings.

An explanation of the changes is difficult, as the time of their development is against the idea of thrombosis with subsequent segmentation of the clot. That, however, is the obvious suggestion, and whilst endless conjecture might be made it will suffice. The practical application of the method is very limited; it might be used in cases of suspected cataleptic trance, of drowning, and of other instances of apparent death, but it is rarely that death cannot be diagnosed by the simplest of means. The method is simpler than those mentioned in textbooks of medical jurisprudence—such as the injection of dyes, etc.

Paris. ERNEST BULMER, M.B., Ch.B.Edin.

even a reader who supposes himself fairly well acquainted with the subjects will find that he wants to read right through whichever he takes up in order to get an orderly grasp of it, as set forth in each case by an administrative expert. The pamphlets do not appear to be on sale, but they ought to be, and their availability should not be confined to health officers, whether home or foreign. The members of every port and riparian sanitary authority in the country should have a copy of Dr. Reece's pamphlet; those on tuberculosis and on foods should be in the hands of every member of the appropriate committee; and we believe that each member of every public health authority in the country would learn something he has not fully grasped already by perusal of Dr. Porter's excellent account of all the detailed services comprised within local health administration as now carried on. The Ministry of Health itself issues from time to time, in addition to Sir George Newman's annual volumes, many valuable reports on public health subjects, but so far as we have observed it has hardly taken up the particular kind of publication exemplified in these tracts. Why should it not do so? "Always be planting a tree; it will grow whilst you're sleeping" is good advice, and so the Civil Service, which has so often in these days to be educating new masters, should take in hand to some further degree the education of the local authorities throughout the country. Education always pays in the end.

## CAMBRIDGE GRADUATES' MEDICAL CLUB.

THE members of the Cambridge Graduates' Medical Club dine together once a year in the summer. The dinner is usually in London, but last year it was held at Cambridge, in the hall of Caius College. On Saturday, March 1st, the club broke new ground by attending a smoking concert in the Governors' Hall of St. Thomas's Hospital. An exceedingly amusing and artistic programme was provided by Dr. L. B. Maxwell, resident assistant physician to the hospital, who "presented" his versatile troupe of actors and singers in an original revue entitled *Mustard Leaves*, which was first produced at Christmas time. The president of the club, Sir Humphry Rolleston, P.R.C.P., took the chair, and the members were informally welcomed by Sir Arthur Stanley, treasurer of the hospital. At the end of the evening Sir Humphry Rolleston briefly expressed the thanks of the club to all who had taken part in a most finished performance, and congratulated St. Thomas's Hospital Medical School on possessing so much musical and dramatic talent.

## CONFERENCE ON LUNACY CERTIFICATION AND MEDICAL RESPONSIBILITY.

SOME aspects of the action Harnett *v.* Bond and Adam, a detailed report of which is published at page 449, are briefly mentioned above (p. 432), and, as notice of appeal has been given, any fuller discussion would be undesirable. But having in view the great importance for the profession of the questions raised during the course of the case, a conference to consider the position is being called by the British Medical Association for Friday afternoon next, March 14th. The Association will be represented by its officers, together with the Chairmen of the Medico-Political and Parliamentary and the Central Ethical Committees, and the members of the Parliamentary Subcommittee. Invitations to take part in the conference have been sent to the President of the Royal College of Physicians of London, the President of the Royal Society of Medicine, and the medical members of Parliament, including, of course, Lord Dawson. Invitations to send representatives have also been addressed to the Medical Defence Union and the London and Counties Medical Protection Society, the Medico-Psychological Association, and the Medico-Legal Society. The object of the conference will be to consider, not only the effects of this case upon the medical profession, but also what action should be taken by the profession in the public interest in view of the inquiry promised by the Prime Minister.

## INFLUENZA.

IN the week ending February 23rd the deaths from influenza in the great towns reached the figure of 626. This, failing a considerable extension of influenza in the north-west, is likely to be the maximum of the present recrudescence; the deaths in London ascribed to influenza already show a decline—from 178 to 148. After London, Nottingham (26), Bristol (25), and Sunderland (25) had the largest totals. Notifications of pneumonia are already declining; the maximum was in the week ending February 9th. The figures for the three weeks beginning with that week were: England and Wales, 2,229, 2,175, 2,089; London, 435, 405, 329. The relative immunity of Lancashire in the present epidemic has been remarkable. In the week ending February 23rd Liverpool was the only city in the geographical county returning more than 10 deaths from influenza; Manchester had only 4.

## THE EPITOME.

OWING to the great pressure upon our space this week, due mainly to the report of the action Harnett *v.* Bond and Adam, the EPITOME OF CURRENT MEDICAL LITERATURE does not appear.

## DOMINIONS HOSPITALITY COMMITTEE.

IT was announced last week that a Dominions Hospitality Committee was being formed to welcome members of the medical profession from the Dominions and Colonies who will visit London during the time that the British Empire Exhibition is open at Wembley. The Committee has now been constituted as follows:

Sir WILLIAM HALE-WHITE, K.B.E. (President of the Royal Society of Medicine), *President.*
Sir BRUCE BRUCE-PORTER, K.B.E. (President of the Hunterian Society), *Vice-President.*
Sir HUMPHRY ROLLESTON, K.C.B. (President of the Royal College of Physicians).
Mr. H. J. WARING (Vice-Chancellor of the University of London; Vice-President of the Royal College of Surgeons).
Mr. C. P. CHILDE (President of the British Medical Association).
Surgeon Vice-Admiral J. CHAMBERS, C.B. (Director-General Medical Department R.N.).
Sir WILLIAM LEISHMAN, K.C.B., K.C.M.G. (Director-General A.M.S.).
Air Commodore DAVID MUNRO, C.I.E. (R.A.F.).
Dr. HERBERT SPENCER (President of the Medical Society of London).
Sir WILLIAM WILLCOX, K.C.I.E. (President of the West London Medico-Chirurgical Society).
Dr. REGINALD DUDFIELD (President of the Harveian Society).
Dr. CREWDSON THOMAS (President of the Chelsea Clinical Society).
Mr. JOSEPH CUNNING (President of the Australian and New Zealand Medical Society in England).
Mr. DONALD ARMOUR, C.M.G. (Canada).
Dr. H. A. ELLIS (Australia).
Sir JOHN MACALISTER (Secretary, Royal Society of Medicine).
Sir SQUIRE SPRIGGE (Editor of the *Lancet*).
Sir DAWSON WILLIAMS (Editor of the *British Medical Journal*).
*Honorary Secretaries:* Mr. A. E. MORTIMER WOOLF (Honorary Secretary, Hunterian Society), and Mr. E. T. MILLIGAN (Honorary Secretary, Australian and New Zealand Society in England).

It is hoped that representatives of India and South Africa and the Master of the Apothecaries' Company—to whom invitations have been sent—will join the Committee.

The Honorary Secretaries will be glad to hear as early as possible from members of the profession in the Dominions and Colonies who intend to come to the Exhibition, and the probable date of their visits. The address of the Honorary Secretaries for all correspondence is No. 1, Wimpole Street.

The jury assessed the damages at £25,000—awarding £5,000 of this sum in respect of the original detention of the plaintiff at Dr. Bond's offices, and allocating the remainder in the proportion of seven-tenths against Dr. Bond and three-tenths against Dr. Adam.

Mr. Justice Lush thereupon entered judgement against Dr. Bond for £5,000, and against Dr. Bond and Dr. Adam jointly for £20,000, refusing a stay unless £5,000 was paid to the plaintiff by Dr. Bond within a week, and £20,000 was paid into court, or security given, within three weeks, the usual undertaking to be given as to costs which followed the event.

Counsel asked whether security was necessary, as Dr. Bond was represented by the Crown, but his lordship replied that his judgement was not given against the Crown but against Dr. Bond. If he had the assurance from the Government department that the money would be paid he would say no more. He adjourned the application for a stay as against Dr. Bond for a week, and as against Dr. Adam for three weeks.

Counsel said he could give an undertaking that if an appeal was brought on behalf of Dr. Bond the conditions his lordship had imposed would be carried out.

*Judgement.*

Mr. Justice Lush, in delivering judgement, alluded first to the important question of remoteness of damage. Was it wrong in law for the jury to take into consideration as the damages which followed from the wrongful acts of the defendants the detention to which the plaintiff was subjected during the whole of the period from December 14th, 1912, till October 15th, 1921, when he escaped from the mental home at Aylsham? It was truly said that where there was a *novus actus interveniens* the chain of causation was broken; and it was contended that there was a *novus actus interveniens* here and that the chain was broken either when Dr. Adam, on examining the patient after he returned to Malling Place, found that he was of unsound mind, or when the plaintiff was removed to Croydon in February, 1913, or on November 10th, 1913, when there was a recertification. It was immaterial that neither Dr. Bond nor Dr. Adam would anticipate that the plaintiff would be detained for so long a time. The test was not what the parties would have anticipated, but whether the damage was the direct consequence of the wrongful act. In his opinion, there was no *novus actus interveniens*, and the chain of causation was not broken. It was quite open to the jury to treat the long detention as a direct consequence of the wrongful acts of the defendants. The evidence showed how an unfavourable symptom might, and probably would, influence the medical superintendents and commissioners and visitors in considering whether the patient ought to be detained or discharged. To ascertain whether a person was suffering from mental deraangement was a difficult question for doctors to diagnose. One of the obvious risks to which a patient in a lunatic asylum was exposed was that he might still be thought insane when, in fact, he was sane. The risk of such a consequence following was directly caused by his being placed in an asylum, and the peril was especially great in the plaintiff's case. Each fresh medical superintendent when he received the plaintiff into his home from the previous home would know the reports by the doctors at the previous places at which he had been detained, and would know their views and observations with regard to him, and would necessarily take into account in considering his mental condition what his previous history had been. He could not regard the decisions arrived at by the different doctors, commissioners, and visitors, at the various homes, and the decisions arrived at by the medical superintendents in the homes from time to time, as a fresh intervention which would break the chain of causation. What each doctor did was not to do some act which would injure the plaintiff but to omit to discover that he had recovered. It was the failure to do something, not the doing of some independent act, that caused the plaintiff's further detention. In the view of his lordship, the recertification on November 10th, 1913, did not constitute an "intervention." What was done was mere machinery for the purpose of avoiding the necessity of having a new reception order drawn up. It was quite obvious that the jury treated the plaintiff as of sound mind during the whole period, and the evidence to that effect was clear and convincing. The alleged delusions were not delusions at all, and the Attorney-General did not really dispute in his closing speech that, at all events, most of them were probably not delusions at all. It had been contended that there was no evidence to support the finding that Dr. Adam did not exercise reasonable care, and it had also been contended that that finding was not consistent with the finding that he honestly believed the plaintiff was insane, and that it was his interest to be taken back.

Dr. Adam allowed the plaintiff to go out on December 12th, 1912, with the consent of the justices, or they had given their licence on his recommendation, and it was said that, as that licence was subject to the power of revocation if the plaintiff's mental condition required it, that as Dr. Adam had the honest belief at the time when the plaintiff was sent back to Malling Place that he was not fit to be at large, and that as it was his interest to be taken back, Dr. Adam was entitled to revoke the licence, and that it was immaterial as he had the honest belief what care he had taken to ascertain if his belief was well founded. If he were to accede to that he would be laying down this principle—that a medical superintendent at an asylum owed no duty to his patients to take proper care, at all events towards a patient who had so far recovered that he had been allowed out. Of all others, the unfortunate and helpless persons who had been certified as insane required every care from those in authority. They were powerless to resist the actions of the officials who administered the Lunacy Law. Dr. Adam owed the plaintiff the duty to satisfy himself, before sending to have the plaintiff brought back, that he was insane, and if he chose to act on some other person's opinion he did so at his own risk, whoever that other person might be. He could not look at the matter from Dr. Adam's point of view only and forget that of the plaintiff. Dr. Adam owed the plaintiff a duty to take reasonable care, and honest belief afforded him no protection if he failed to take it. The jury were well warranted in coming to the conclusion that there was nothing to prevent Dr. Adam from going to see the plaintiff instead of agreeing that the plaintiff should be imprisoned at Dr. Bond's and then put into the car and sent back. To say that it made no difference whether Dr. Adam examined the plaintiff before he sent for him, or whether he sent for him first and examined him afterwards, was a most serious misconception, as it was admitted by Dr. Adam, if any such evidence was necessary, that to bring the plaintiff back would be very detrimental to his mental condition, especially if, as was Dr. Adam's view, he had not absolutely and completely recovered at the time when he was allowed to leave Malling Place. Moreover, Dr. Adam could and ought to have ascertained from Dr. Bond before he sent his car what the plaintiff's symptoms were, and why Dr. Bond thought he was not fit to be at large. The importance to the plaintiff, if he had ascertained the facts, was obvious. His lordship referred to the findings of the jury against Dr. Bond, and said if Dr. Adam had ascertained the true facts from Dr. Bond he might never even have had to see the plaintiff at all. If he had gone up he could have cleared the matter up, and would, no doubt, have allowed the plaintiff to remain out of the asylum. Also, the jury were entitled to consider the strange indifference which Dr. Adam showed afterwards in never ascertaining from Dr. Bond what condition the plaintiff was in when Dr. Bond sent his telephone message. It evidenced his want of care throughout, and his lordship was of opinion that there was ample evidence to support the findings of the jury.

Finally, his lordship referred to the question of the onus of proof in cases where Section 330 of the Lunacy Act, 1890, applied, though he thought it immaterial in the view he took of the facts in that case. Section 330 protected the medical superintendent and others if they acted *bona fide* and with reasonable care, but the onus was upon them to prove that they were entitled to that protection. It was never intended that the burden of proving a negative should be upon the person who brought his action on the ground that the official had exceeded his jurisdiction, though, as a matter of fact, Dr. Adam had not exceeded his jurisdiction, but had failed to exercise the reasonable care he ought to have exercised to entitle himself to the protection given by Section 330.

[Dr. Adam's defence was conducted by the London and Counties Medical Protection Society, Ltd.]

An appeal has been lodged. On March 5th the Attorney-General for Dr. Bond, and Mr. Carthew for Dr. Adam, applied that the hearing might be expedited. Lord Justice Bankes said that he thought it could be arranged for the case to be taken early in April.

# Universities and Colleges.

## UNIVERSITY OF OXFORD.

*Rolleston Memorial Prize, 1924.*

THIS prize, which is now of the value of about £100, is awarded every two years, under the conditions stated below, for original research in any subject comprised in the following list: Animal and vegetable morphology, physiology and pathology, and anthropology. The next award will be made in Trinity Term, 1924.

No candidate will be eligible (1) who has not either passed the examinations for the B.A. degree or the B.M. degree at Oxford, or for the B.A. degree or the M.B. degree at Cambridge, or been admitted as a candidate for the degree of B.Sc. at Oxford or as an advanced student for the degree of B.A. at Cambridge; (2) who has exceeded a period of six years from attaining one or other of these qualifications, or from his attaining the first of such qualifications if he has attained more han one; (3) who has exceeded ten years from his matriculation. Candidates wishing to compete must forward their memoirs to the Registrar of the University of Oxford before March 31st, 1924. The memoirs may be printed, typewritten, or in manuscript, should be inscribed "Rolleston Memorial Essay," and should bear the name and address of the author. Memoirs already published are admitted to the competition. No account will be taken of any research which has not been prosecuted by the candidate subsequent to his matriculation.

## UNIVERSITY OF CAMBRIDGE.

AT a congregation held on March 1st, the following medical degrees were conferred:

M.B., B.CH.—R. J. V. Pulvertaft, A. D. Porter, D. N. Seth-Smith.
M.B.—Man Wong (admitted by proxy).
B.CH.—R. J. Lythgoe.

## UNIVERSITY OF LONDON.

AT a meeting of the Senate held on February 27th Mr. Richard Lake, F.R.C.S., was appointed as the first holder of the Geoffrey E. Duveen Lectureship in Otology, as from January 1st, 1924. Mr. F. J. Steward, M.S., F.R.C.S., was appointed to represent the University on the Council of the Fellowship of Medicine.

## UNIVERSITY OF LIVERPOOL.

AT a meeting of the Council on March 4th Dr. John Hay, F.R.C.P., physician to the Royal Infirmary, was appointed Professor of Medicine as from October 1st, 1924.

# The Services.

## THE WAZIRISTAN OPERATIONS.

THE following paragraph appears in the course of a despatch to the Government of India from General Lord Rawlinson, Commander-in-Chief in India, regarding the Waziristan operations between January 1st, 1922, and April 20th, 1923, and published as a supplement to the *London Gazette* of February 27th:

> "The medical authorities have performed invaluable work, and by their preventive measures have ensured an exceedingly low rate of sickness, while no epidemics have occurred."

## DEATHS IN THE SERVICES.

Colonel Albert Louis Frederick Bate, C.M.G., Army Medical Service (retired), died of pneumonia in Queen Alexandra's Military Hospital, Millbank, on February 20th, aged 61. He was born on October 6th, 1862, and was educated at the Methodist College, Belfast, Wesley College, Dublin, and the Ledwich Medical School in Dublin, taking the L.R.C.S.I. in 1884 and the L.K.Q.C.P. in 1885. Entering the army as surgeon on July 28th, 1906, he attained the rank of colonel on March 1st, 1915, and retired on July 10th, 1919. He served in the South African war from 1899 to 1902, taking part in operations in Natal and in Zululand, and later being in command of the stationary hospital at Machadodorp, in the Transvaal, and received the Queen's and King's medals, with two clasps to each. During the war of 1914-18 he was twice mentioned in dispatches, in the *London Gazette* of April 14th and June 15th, 1916, and received the C.M.G. on June 3rd, 1916.

Lieut.-Colonel Alfred John Hull, R.A.M.C., died at Peshawar on February 15th, aged 48. He was born on September 2nd, 1875, and was educated at Guy's, taking the M.R.C.S., the L.R.C.P.Lond., and the L.S.A. in 1897, and subsequently the F.R.C.S. in 1911. After filling the posts of clinical assistant at Guy's Hospital and at the Royal Westminster Ophthalmic Hospital, and assistant house-physician at the Hospital for Women, Soho Square, he entered the R.A.M.C. as lieutenant on January 29th, 1901, became temporary lieutenant-colonel on April 3rd, 1916, and was confirmed in that rank on June 1st, 1918. He served throughout the recent war, and was mentioned in dispatches in the *London Gazette* of June 15th, 1916, and May 29th, 1917. He was married and had four sons.

# Medical News.

THE annual report for the year 1922 of the Gordon Memorial College at Khartoum, where there are 751 scholars, has reached us at the time when the new medical school in Khartoum is about to be opened. It will soon be possible, therefore, for some of the senior scholars to receive a complete medical education, passing directly from one department to another of the College. In addition to the general report, there is also an account of the research work proceeding in the Wellcome Tropical Research Laboratories; Major Archibald, R.A.M.C., describes the work done in the three sections—bacteriological, chemical, and geological—and the papers and reports issued during the year. A note on the archaeological work and on the natural history museum associated with the Memorial College illustrates the extent and variety of the education that is now available in Khartoum.

THE Dean of the Middlesex Hospital Medical School has issued a statement to the effect that the Finance Committee of the school believes that the price of insulin might be reduced to something under 2s. per 100 clinical units by utilizing the method of water extraction devised by Dr. Dodds and Dr. Dickens in the Biochemical Laboratory of the Bland-Sutton Institute of Pathology of the Middlesex Hospital, and described by them in the issue of the *Lancet* for February 16th. The method is based upon the recent work of a number of investigators, including Collip, Dudley, Best, Scott, Allen, and others. The matter has been under investigation at the National Research Laboratory at Hampstead for some time, and a paper by Dudley, a member of the staff of the Department of Biochemistry and Pharmacology, is, we understand, about to be published in the *Biochemical Journal*. The method, we gather, has so far been used only on a laboratory scale, although the Finance Committee of the Middlesex Hospital Medical School believes that it is suited to the production of insulin on a large scale.

THE Oxford Ophthalmological Congress, 1924, will be held at Keble College, Oxford, on July 2nd, 3rd, 4th, and 5th. A discussion on the general principles of the treatment of convergent concomitant strabismus will be opened on July 3rd by Dr. E. Landolt (Paris) and Dr. Ernest Thomson (Glasgow). The Doyne Memorial Lecture will be delivered on July 4th by Mr. T. Harrison Butler, the subject selected being microscopy of the living eye, with special reference to the Gullstrand slit lamp. The official dinner will be held in Keble College on July 3rd.

THE second half of the intensive course of post-graduate study at the Royal Northern Hospital will begin on Monday, March 10th, and continue throughout the week. At the Royal Free Hospital, on Wednesdays, at 5.30 p.m., Dr. C. B. Heald is giving a series of lecture demonstrations on recent advances in medical electrical treatment. On successive Tuesdays and Saturdays, beginning on March 8th, at 11 a.m., Dr. Porter Phillips and Dr. Thomas Beaton are giving a series of clinical lectures on the diagnosis and symptomatology of mental diseases, the psychoneuroses, and the medico-legal aspect of insanity. At the Royal Waterloo Hospital for Children and Women there will be a course on diseases of children from March 17th to April 5th in the afternoons. Particulars regarding any of the above courses may be had from the Secretary, Fellowship of Medicine, 1, Wimpole Street, W.1.

A LARGELY attended service in memory of Sir Malcolm Morris, K.C.V.O., was held at St. Marylebone Parish Church on Tuesday, March 4th, the vicar, the Rev. Dr. Morrison, officiating. The congregation included many leading members of the medical profession and representatives of public bodies with which Sir Malcolm Morris was connected. The British Medical Association was represented by Dr. Alfred Cox, Medical Secretary.

THE annual dinner of the Medical Society of London will be held at the Grand Hotel, Trafalgar Square, W.C., on Wednesday next, March 12th, at 7 for 7.30 p.m.

THE annual meeting of the Mental After-Care Association will be held at the Mercers' Hall, Ironmonger Lane, E.C.2, on Tuesday, March 11th. The chair will be taken by Sir Charles C. Wakefield at 3.45 p.m.

A MEETING of the Maternity and Child Welfare Group of the Society of Medical Officers of Health will be held at 1, Upper Montague Street, W.C.1, on Thursday, March 20th, at 8 p.m. Dr. Robert Hutchison will read a paper on the feeding of children after the period of infancy, to be illustrated by lantern slides. The lecture is open to all interested in maternity and child welfare work, and members of the dental and school medical groups are invited to attend.

THE annual meeting of the Society for the Study of Inebriety will be held at the house of the Medical Society of London (11, Chandos Street, W.1) on Tuesday, April 8th, at 4 p.m., when Dr. Bedford Pierce, consulting physician to the Retreat, York, will open a discussion on mental states in alcoholism.

A CHADWICK lecture on the small-pox and vaccination question to-day will be given by Dr. C. Killick Millard, M.O.H. Leicester, at the old London County Council Hall, Spring Gardens, Charing Cross, on Monday next, March 10th. Sir Arthur Newsholme, K.C.B., M.D., will take the chair at 5.15 p.m.

BY direction of the Commissioners of H.M. Works and Public Buildings, Messrs. Horne and Co. will offer for sale at the Government Instructional Factory, Camden Town, N.W., on March 17th and following days, a collection of aseptic furniture and medical stores.

AT the January matriculation examination of the University of London 74 candidates passed in the first division and 733 were successful in the second division; 64 took the supplementary certificate in Latin.

THE Provisional Committee of the American Hospital in London is now ready to receive patients at its temporary headquarters, Manor House, 47, St. John's Wood Park, N.W.8, near Marlborough Road Station. The patients are limited to American citizens, American wives of British subjects and their children. Applications for the admission of patients and all communications relative to the hospital must be made to Mr. Philip Franklin, F.R.C.S., Medical Director, 27, Wimpole Street, London, W.1; telephone, Mayfair 868.

THE Lady Byng of Vimy Fund for Mental Hygiene was inaugurated at a public meeting held at Montreal in January, and has already received generous support throughout Canada. It will be utilized for the following purposes: (1) Stimulation of mental hygiene activities among children, with a view to the prevention of insanity, the control of feeble-mindedness, and the treatment of nervous diseases; this work will be centred in the primary schools, juvenile courts, and reformatories of the Dominion. (2) Organization of a department of research in mental hygiene for the stimulation of scientific activity in mental hospitals. (3) Co-operation with Government and local officials in obtaining better facilities for the treatment of insanity, feeble-mindedness, and nervous diseases.

SIR JOHN BLAND-SUTTON, P.R.C.S., Sir Gou'd May, Dr. D. T. Rocyn-Jones, and Dr. J. A. H. White have been promoted Knights of Grace in the Order of St. John of Jerusalem, and Dr. A. B. Howitt has been appointed an Esquire.