

## A CASE OF SCLEREMA NEONATORUM.

BY

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SCLEREMA NEONATORUM appears to be sufficiently uncommon in Great Britain to render the following case worthy of record.

A female infant, aged 2 months, was first seen by me on January 11th, 1924. The father, aged 44, and the mother, aged 33, had for some years resided on the Gold Coast. This was their first child. The mother about a month after she became pregnant came to England suffering from bacilluria, and this was still present in February, 1924. The father denied any history of syphilis. The child was born in South Devon on November 9th, 1923, and at birth weighed 8 lb. 3 oz. It is possible she was a ten months baby. At birth she was blue owing to compression of the cord. A few days after birth oedema was noticed, and this gradually increased in hardness and extent. She was artificially fed from birth. On November 28th it was noted that the arms above the elbows were very hard and the buttocks very hard and lumpy. This hardness continued to increase until the whole of the back and all the extremities were involved.

On January 10th, 1924, when she came to Bedford, the hardness at the back of the neck was getting less. It was noticed that the child was more fretful on cold days.

On January 11th I saw the infant and found her fairly well nourished. The skin was yellowish and the mucous membranes blue. There was a widespread hardness of the subcutaneous tissue, which felt like that of a dead foetus in winter. The parts chiefly involved were the shoulders, back, buttocks, and all the extremities. In the latter the tissues involved felt like hard ropes. The face was not affected. The skin did not pit on pressure. There was no albuminuria or heart disease. The temperature was normal. The diagnosis was sclerema neonatorum. The treatment consisted of keeping the child warm with woollen clothes and hot bottles. Two hot baths were given daily and were a source of pleasure to the infant. One grain of grey powder was given three times a day and has been continued up to the present time, April 28th. Under this treatment the child progressively improved, the colour became healthy, and the weight steadily increased. The hardness gradually dissolved, the masses and cords breaking up into islets, and now has all but gone.

The best description of sclerema neonatorum I have found is in *Diseases of Children*, by Garrod, Batten, and Thursfield. They describe a group of four diseases—namely, sclero-oedema, sclerema, pseudo-sclerema, and sclerodermia. The second and third are the only two which concern us. The difference appears to be that sclerema attacks wasted children and is nearly always fatal, and pseudo-sclerema attacks well nourished children and is usually recovered from. This distinction appears to me to be artificial.

I would suggest that the disease is the same, the difference being in the soil—that is, in the state of nutrition of the infants.

## Memoranda :

### MEDICAL, SURGICAL, OBSTETRICAL.

#### CEREBRAL HAEMORRHAGE AND CONGENITAL OBLITERATION OF THE GALL BLADDER AND DUCTS IN AN INFANT.

THIS case was the subject of an inquest. I was called for the first time soon after death, and had never seen the child during life.

The infant, 2 months old and of corresponding weight, was jaundiced to a lemon colour. The history, afterwards elicited, showed that jaundice first appeared at the age of 3 weeks and had persisted. No black meconium had been passed and the motions were always white. The baby was breast-fed, gained weight well, and did not seem ill till a few days before death, when a slight cough was noticed. The night before it died it was restless, but early the next morning went to sleep and later on was found to be dead.

*Post-mortem Examination.*—The baby was well nourished, with good fat deposit. The gall bladder was absent, but represented

by a layer of fibrous tissue where it should have been. The common bile duct was found to be patent for some distance, but no entrance into the duodenum existed. The liver was hard on section, dark olive-green in colour, and the bile passages were largely obliterated, and replaced by fibrous tissue. The spleen was not enlarged but very dark in colour. The thymus was unusually large and the thyroid was well developed. Both lungs presented early signs of bronchopneumonia. The brain showed a large haemorrhage in the left hemisphere, composed of a clot the size of a pigeon's egg and semi-clotted blood of about equal amount. The haemorrhage was inside the cortex and had evidently come from the internal capsule.

This child could, of course, never have lived long. It was no doubt the efficient breast-feeding that enabled it to survive for two months. It fell an easy prey to infection of the air passages, and the haemorrhage was probably due to a weakening of the vessel wall from the persistent jaundice.

The combination of a large cerebral haemorrhage with congenital obliteration of the gall bladder and ducts appeared to make the case worth recording.

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Infant Welfare Centre.

#### TARTAR EMETIC IN TUBERCULOSIS.

THE beneficial effect of tartarated antimony in acute and chronic bronchitis influenced practitioners to use it in the treatment of tuberculous disease of the lungs; but the depressive effect, associated with the tendency to vomit, that is produced when the drug is given by the mouth rendered it unpopular. When given intravenously tartar emetic produces vomiting only when the large doses necessary to eradicate the larger parasites of the blood stream are employed; doses of only half a grain have a stimulating effect on most patients. Tartar emetic, therefore, deserves a further trial in the treatment of tuberculous disease of the lungs. One or more such intravenous injections might reasonably be supposed to help in cleaning up a "dirty sputum" and thus render the system more able to deal with the presence of the tubercle bacillus, even if no destructive effect on the tubercle bacillus would become evident. In the same way, by destroying associated micro-organisms, such drugs as tartar emetic and manganese help the gonococcus to die out more rapidly than it would otherwise.

The immediate relief of paralysis and other signs of leprosy following injections of antimony in certain cases indicates that the drug has some more decided effect on the disease than the mere cleaning up of associated conditions; but, even were it to do no more than to help in cleaning up ulcerated patches and other skin conditions that are early or late features of a very intractable disease, it would render the patient better able to deal with the leprosy bacillus and render this bacillus the more likely to die out.

The rapid relief that is sometimes experienced in syphilitic and leprotic disease of the eye likewise suggests that intravenous injection of antimony might be of service in tuberculous disease of the eye; its proved value in many skin conditions suggests that it has not yet received the attention it deserves in cleaning up cancerous growths in various parts of the body, even though antimony ointment has been extensively used for these conditions.

Durban, Natal.

F. G. Cawston, M.D.Cantab.

#### INTRACARDIAC INJECTION OF ADRENALINE.

THE following case tends to support the opinion that adrenaline administered by injection into the heart is very greatly superior to the usual cardiac stimulants in cases where there is a sudden failure of the heart.

On January 9th, 1924, at about 12.45 p.m., a young, exceptionally well built Chinese male was carried into my office on the back of another man. He was breathing rapidly, his whole skin was cyanosed, and he was obviously in a very serious condition, though able to sit up and to talk. The apex beat of the heart was slightly displaced outward; no murmurs were heard; the legs were slightly oedematous. The temperature was subnormal; nothing else of note was found. He was bled a few ounces and injections of ether, digitalin, and camphor given. There was no noticeable improvement. His condition got worse until there was no pulse felt at the wrist, and finally he appeared on the very point of dissolution, respiration being jerky, extremely shallow, occurring once

in about every twenty seconds, and accompanied by spasm of the facial muscles.

About  $2\frac{1}{2}$  c.cm. of 1 in 1,000 adrenaline solution were then injected with a serum syringe, using a needle  $1\frac{1}{2}$  inches long, introduced up to the hilus into a point about 1 inch below and 1 inch internal to the left nipple. The effect was extraordinary. The heart at once commenced to beat forcibly, whereas previously it had been impossible to feel or auscultate the apex beat. The respiration improved, and the man was able to recognize his friends, say a few words, and suck greedily from a piece of moistened wool introduced into his mouth. He announced that he felt better. After about a quarter of an hour the whole sequence of events was repeated, the man again appearing on the point of dissolution and recovering after the injection of about 2 c.cm. of adrenaline solution, till he could talk, suck, and recognize his friends. A third time he relapsed. About 2 c.cm. were again injected. This time he did not recover consciousness, but the same forcible apex beat was felt and the respiration improved. The relapse came more quickly and further injections were not given. At about 3.30 p.m. he died. A vague history was obtained of about three weeks' illness accompanied by swelling of the legs, and getting better and worse. It was stated that he had only become seriously ill that day. No *post-mortem* examination was possible.

It would be interesting to know whether adrenaline has been used in this way in syncope due to administration of anaesthetics.

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Divisional Medical Officer, Third  
Division, Sarawak.

#### ACUTE OBSTRUCTIVE CHOLECYSTITIS.

MR. JOHN MORLEY's interesting article on acute obstructive cholecystitis in the BRITISH MEDICAL JOURNAL of March 15th leads me to think that it will be of interest to place on record a case which I recently operated upon at the Barry Accident Hospital.

I was called to see a married woman at 3 p.m. on Friday, and found she had been taken suddenly ill the previous afternoon with acute pains in the right side of the back, which later passed to the right iliac fossa. She complained of flatulence and of nausea, but had not vomited. The bowels were freely opened after a dose of salts, which she had taken under the impression that the pains were due to some article of diet which disagreed with her. The pains persisted throughout the night and were at times so violent as to resemble labour pains, and gave her the feeling that her womb was twisted. The period was a week overdue.

She was suffering great pain and having frequent rigors which shook the bed. The pulse and temperature were normal. The whole of the right rectus abdominis was rigid, especially in its lower half. There was rigidity and tenderness in the right iliac fossa. Exquisite tenderness was elicited at McBurney's point, in which area, and downwards towards the pelvis, a rounded swelling, the size of an orange, could be felt. Pelvic examination revealed a soft mass in the posterior fornix, which was too acutely tender to permit of manipulation. She was removed to hospital with the provisional diagnosis of twisted ovarian cyst, and was operated upon at 5 p.m. the same day.

The abdomen was opened in the mid-line just below the umbilicus. The first thing to present itself in the wound was a turgid, blue, and greatly distended gall bladder. It was almost down in the pelvis and as large as a full-grown plantain; a large solitary stone was felt to be impacted in its neck. The ducts were free and the surfaces of the liver normal. The gall bladder was opened, the stone, the size of a walnut, was expressed, and a tube was sewn in for drainage. Before closing the abdomen, the uterus was found to be enlarged, soft, and retroverted. It was easily replaced in the normal position. The first specimen of bile which drained away contained a little mucus and pus, but this soon cleared and the patient made an uninterrupted recovery.

The unusual features in the case were the low level to which the gall bladder descended and the coincident occurrence of a large retroverted uterus. The latter condition suggested the diagnosis of a cyst, and led to the selection of an incision below the umbilicus, which fortunately turned out to be quite suitable for the case.

J. L. O'FLYNN, M.R.C.S., L.R.C.P.

Barry, Glamorgan.

#### LITHOPAEDION: SUBSEQUENT PREGNANCIES.

A MARRIED woman, aged 75, died on March 23rd, 1924. She had had one child before 1878; in that year she had a "missed labour." My grandfather, who attended her, wrote to my father, who was clerking for the late Matthews Duncan at St. Bartholomew's, and the latter's advice came back, "Leave well alone." In the following year my father attended her at confinement, and a living child was born, the labour being uneventful. Two more living children were born subsequently, and one stillborn. She reared her family and was seldom ill. During life a hard mass, about the size of a large coco-nut, could be felt to

the left of the middle line of the abdomen; it was slightly movable and was not tender.

At the necropsy the lithopaedion was found firmly attached to the anterior abdominal wall over an area of about 4 square inches; the tumour and uterus weighed 3 lb. The left Fallopian tube was converted into a thick fibrous band merging into a dense capsule partly calcified; inside this the foetus lay in a mixture of sebaceous and calcareous material.

Wolverhampton.

C. L. SPACKMAN, M.B.

## Reports of Societies.

#### OPHTHALMOLOGICAL CONGRESS IN GLASGOW.

GLASGOW has for generations been famous for producing men of wide repute in the science and practice of ophthalmology, and therefore, said Sir DONALD MACALISTER, in welcoming, as Principal of the University, the members of the Ophthalmological Society to their annual congress in Glasgow on May 1st, the city of the congress was well chosen, and the congress was happy also in having an eminent Glasgow ophthalmologist, Dr. A. Maitland Ramsay, as its president. The Principal added that had it not been for the disastrous interruption of the war and the almost equally infertile years of the ensuing peace, Glasgow would by this time have been in possession of a chair and institute of ophthalmology, but it was hoped that this ambition would soon be achieved.

The congress, which lasted three days, was attended by about seventy members, and more papers were offered than could be discussed or even read in the time available, though one of the sessions extended beyond 11 p.m. The meetings were held in the new Zoological Department, and in the museum of that building many interesting exhibits were collected, including autochrome photographs of eye diseases, pathological specimens, and ophthalmological instruments. A clinical meeting was held at the Glasgow Eye Infirmary, where the use of the corneal microscope and the slit lamp was demonstrated by Mr. HARRISON BUTLER and Mr. BASIL GRAVES. Each read a paper—the one on the anatomy of the normal lens as revealed by the slit lamp, and the other on the slit-lamp features of a limbus tumour. Mr. Butler praised the slit lamp because it offered for the first time a dependable method of interpreting the anatomy of the lens, and he showed a number of drawings of lenses which he had himself made from memory after slit-lamp examination, and which modified to some extent the ordinary textbook picture.

#### *Eye Symptoms in Early Disseminated Sclerosis.*

One of the most interesting discussions of the congress related to the eye symptoms found in commencing disseminated sclerosis. Dr. BROWNLAW RIDDELL said that during the past few years a special investigation into the pathogenesis of disseminated sclerosis had been carried out at the Glasgow Royal Infirmary, and cases with eye symptoms in which a neurological basis was suspected had been referred to those who were undertaking this research. He gave particulars of several cases of the kind which had come under his own observation and in which the chief symptom was transient diplopia. In one case of diplopia and giddiness of a month's duration, in which it was found on sending the patient for further examination that she had disseminated sclerosis with extensive damage already done, the fact was elicited that she had had transient diplopia six years previously, indicating no doubt the primary stage of the condition. Dr. Riddell also associated retrobulbar neuritis with disseminated sclerosis in certain cases. The real condition was liable to be overlooked because the eye symptoms were transient and the prognosis ophthalmologically was good, but although the eye symptoms cleared up there were other symptoms associated with the central nervous system which became increasingly manifest. He believed that eye surgeons had the opportunity occasionally of seeing patients in the earliest stages of this malady, a fact which might in the future have a hopeful bearing upon treatment.

buildings in Oxford Road. He took the diplomas of L.R.C.P. Edin. and M.R.C.S. Eng. in 1878, and before settling in practice in Wigan was house-surgeon to the Royal Berkshire Hospital and resident medical officer to the Hospital for Children, Manchester. He was for many years honorary surgeon to the Royal Albert Edward Infirmary, Wigan. He had been a member of the Council of the Lancashire and Cheshire Branch of the British Medical Association, and President of the Wigan Medical Society. He leaves a widow, one son (who continues the Wigan practice), and three daughters. The eldest is an artist, the second a trained nurse, and now sister-tutor of nurses, and the youngest is assistant school medical officer of the borough of Rochdale. A lifelong friend writes: "Dr. Graham was a most lovable man and had a wonderful capacity for friendships. His interests were varied—art, flowers, trees, birds, and antiquarian pursuits—and wherever he lived he was a welcome addition to the social life of the neighbourhood."

A well known figure among Birmingham medical men has passed away with the death, on April 10th, of Dr. J. D. SCURRAH, in his 93rd year. In the early fifties he was a distinguished student of University College, London, where he had among his teachers Lister, Sharpey, Garrod, Quain, and Erichsen. In all but one subject of his curriculum he obtained first-class honours, gaining three gold and seven silver medals. After taking the degree of M.D. Lond. in 1857 he was appointed resident medical officer to the London Fever Hospital. He settled in general practice in Birmingham, and for some years was honorary medical officer, and afterwards for forty years honorary consulting physician, to the Birmingham Institution for the Blind. He was one of the original founders of the Birmingham Medical Mission, and social and religious work always found in him a helper and friend. He retired from practice more than twenty years ago, but there are still many who remember with gratitude his kindness and skill. Dr. Scurrah retained his keen interest in life to the very last. Three days before the end came he was told that Cambridge had won the boat race, and like a flash came the inquiry, "By how many lengths?" He was esteemed and beloved by all who knew him.

Another veteran member of the profession, Dr. JAMES ALEXANDER DEWAR, died at Arbroath on May 2nd in his 88th year. He was born in Nairn, and was educated at Arbroath Academy and Edinburgh University, where he graduated as M.D. in 1859 and took the diploma of L.R.C.S. Edin. in the same year. He began to practise in Arbroath in May, 1860, as a partner with Dr. Traill, to whom he had previously been apprenticed, and on the latter's retirement he continued to practise on his own account, and was joined later by his sons, Dr. T. F. Dewar and Dr. W. J. Dewar. Until his retirement in 1917 he devoted the greater part of his active life to his extensive practice. Long country journeys often had to be made on horseback or in a gig, and during severe weather in the winter a horse sledge was sometimes needed. From the beginning Dr. Dewar identified himself with the work of Arbroath Infirmary, to which he was early appointed surgeon, and subsequently honorary consulting surgeon. He also carried out the duties of medical officer to the Dale Industrial School. On the occasion of his retirement in 1917 a public testimonial was presented to him as an appreciation of his long service in the medical profession and of the high esteem and affection in which he was held by the inhabitants. He took particular interest in St. Mary's Episcopal Church, where he served as a vestryman for over half a century, and he was J.P. for Forfarshire. Dr. Dewar is survived by his widow, three sons, and two daughters; his eldest son, Dr. T. F. Dewar, C.B., holds an appointment under the Scottish Board of Health.

Professor VLADIMIR LUKASIEWICZ, a well known Polish dermatologist and director of the dermatological clinic at Lwow, has recently died at the age of 63.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

AT a congregation held on May 2nd the following medical degrees were conferred:

M.B., B.CH.—L. Lawn, F. E. Graham-Bonnaire.

M.B.—G. F. Abercrombie; A. Kennedy (admitted by proxy).

The following candidates have been approved at the examination indicated:

DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY (Part I: Physics and Electrotechnics).—A. R. Colyer, G. R. M. Cordiner, F. H. Dommissé, C. R. Enticknap, A. C. Fower, S. G. Galstaun, E. E. Holdsworth, P. S. Khosla, N. H. Kulkarni, H. A. McCoy, A. C. Macrae, F. P. Montgomery, T. D. Overend, J. S. Riach, G. D. Thomson, R. S. Topham, K. F. Vickery, J. Wall, Barbara G. Wood, J. Y. Wood. (Part II: Radiology and Electrology).—G. R. M. Cordiner, F. H. Dommissé, N. Grellier, E. E. Holdsworth, N. H. Kulkarni, H. A. McCoy, A. C. Macrae, G. W. Mitchell, F. P. Montgomery, J. S. Riach, J. V. Sparks.

### UNIVERSITY OF LONDON.

THE ceremony of presentation for degrees will take place in the Royal Albert Hall on Wednesday next, May 14th, at 2.30 p.m. An annual service for members will be held on the same day at Westminster Abbey at 5.45 p.m., and there will be a graduation dinner in the Fishmongers' Hall, E.C., at 7.30 p.m.

### UNIVERSITY OF DUBLIN.

#### TRINITY COLLEGE.

AT the First Commencements in Trinity Term, held on April 30th, the following degrees were conferred:

M.D.—C. E. Brunton.

M.B., B.CH., B.A.O.—W. R. Aykroyd, H. O'D. Burke-Gaffney, F. C. L. B. B. Crawford, R. R. D. Crawford, P. K. Dixon, E. C. Downer, R. E. Faussett, Norah M. Gilcriest, C. R. Hillis, H. J. Hugo, I. J. Isaacson, S. W. Jamison, J. J. Laing, Bertha H. Lawler, C. J. N. Loubser, C. J. M'Quillan, Evaline E. Mooney, Isabel G. Smith, L. E. J. Werner, \*Anne D. Dockrell, \*R. Schaffer, \*P. P. van der Merwe, \*W. J. J. van Rensburg.

\* In absentia.

### NATIONAL UNIVERSITY OF IRELAND.

AT a meeting of this university held on Saturday, April 26th, 1924, Dr. Denis J. Coffey, President of University College, Dublin, and Pro-Vice-Chancellor of the university, conferred the following degrees and diplomas:

M.B., B.CH., B.A.O.—R. E. A. Davitt, Catherine M. Barry, W. Belton, H. P. Callaghan, P. Carr, A. Cassidy, Annie Cullen, Teresa G. Cunningham, M. J. Daly, W. J. Deighan, J. J. M. Devlin, M. F. Dodd, J. C. Finn, E. J. Glynn, \*J. B. Hurley, J. B. Keane, C. P. Kelly, M. J. P. Kelly, M. Kirby, W. P. Lynch, P. McBrien, Annie Mulhern, P. Mullins, T. H. Nolan, P. J. O'Brien, M. O'Donnell, M. E. O'Moore, C. A. O'Neill, C. J. O'Reilly, J. J. A. O'Sullivan, E. L. Sharpe.

M.D.—J. Duffy, \*T. J. Hollins.

M.A.O.—D. J. Cannon, \*J. F. Cunningham.

D.P.H.—\*F. Kane, Christina J. O'Brien, \*P. T. J. O'Farrell, \*J. H. Schofield, \*Mary J. Farrell.

\* In absentia.

### SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

SURGERY.—H. L. Bernstein, P. V. Casling, E. J. R. MacMahon, I. Morgan, W. T. Swanton, W. J. Wood.

MEDICINE.—F. Beinaschewitz, R. Hare, W. M. Jones, J. N. Wheatley, W. J. Wood.

FORENSIC MEDICINE.—W. B. Arnold, A. J. M. Davies, J. Herbert, W. R. S. Jaques, J. N. Wheatley.

MIDWIFERY.—E. H. Boodrie, W. R. S. Jaques, A. Kotbi, D. G. Robinson, G. H. Shanley.

The diploma of the Society has been granted to Messrs. P. V. Casling, W. M. Jones, E. J. R. MacMahon, I. Morgan, D. G. Robinson, J. N. Wheatley, and W. J. Wood.

## The Services.

### DEATHS IN THE SERVICES.

Major Ignatius Purcell Doyle, D.S.O., Madras Medical Service (retired), died recently in Dublin. He was born on June 1st, 1863, the son of the late Surgeon Major William Doyle, I.M.S. He was educated at Trinity College, Dublin, and took the L.R.C.S.I. and L.K.Q.C.P. in 1884. He entered the I.M.S. on September 30th, 1886; he became major after twelve years' service, and retired at the end of 1903. He served in the Burma war in 1888-89, was mentioned in dispatches in the *London Gazette* of November 15th, 1889, and received the frontier medal, as well as the D.S.O.; also in the Chin Lushai campaign of 1891-92 on the north-east frontier of India. Both his father and his brother were members of the Madras Medical Service. The former entered in 1855, served in the Indian Mutiny, including the siege and capture of Lucknow, retired in 1879, and died in 1888. The latter, Major J. F. Doyle, entered in 1880 and retired in 1901.

## Medical News.

THE principal firms engaged in the production of insulin in Great Britain are reducing the retail price of insulin to 5s. per 100 units as from May 12th. The present retail price is 6s. 8d., and is the result of a series of reductions which have taken place since insulin first came on the market here at 25s. per 100 units early in 1923.

THE University of Aberdeen has conferred upon Sir Henry Gray, K.B.E., now head of the surgical division of the Royal Victoria Hospital, Montreal, the honorary degree of LL.D. Sir Henry Gray, who graduated M.B., C.M.Aberd. in 1895, was until a short time ago surgeon to the Aberdeen Royal Infirmary, and was consulting surgeon with the British Army in France during the war.

THE second Congress of the Italian Association of Medical Women will be held in Rome from May 16th to 18th, when the following subjects will be discussed: (1) Past activities of medical women in scientific, professional, and social spheres, introduced by Dr. Myra Ferrari; (2) Future activities, by Dr. Ester Bonomi and Dr. Elena Fambri; (3) Women in pediatrics, by Professor Francesco Vallardi; (4) Women in the sanitary service, by Dr. Maria Diez; (5) Antituberculous prophylaxis and visiting nurses, by Dr. Clelia Lollini; (6) Protection of women and children in industry, by Professor Angiolo Bovrino and Dr. Livia Lollini.

FROM Monday, May 26th, to Saturday, June 14th, an exhibition of drawings, pictures, and other works of art by Fellows and Members of the Royal Society of Medicine will be held in the Marcus Beck Room on the third floor of the society's house, 1, Wimpole Street, London, W. The exhibition will be open to Fellows and Members of Sections and to friends accompanying them, but not to the general public.

THE British Society for the Study of Orthodontics offers the following prizes for competition; they will be awarded triennially. The first award will be for the three years ending December 31st, 1926, for which the prizes are as follows: (1) a silver medal and an honorarium of 50 guineas; (2) an honorarium of 20 guineas; (3) an honorarium of 10 guineas; and in future such sums as the council may from time to time determine. The subject for the essays for the first triennial period is "The macroscopic changes which normally occur in the jaws and teeth of man and in their mutual relations, from birth to the complete eruption of the second permanent molars." The prizes are open to competitors of all nationalities, but the essays must be in English. Further particulars may be had from the honorary secretary, the British Society for the Study of Orthodontics, 11, Chandos Street, London, W.1.

WE welcome the issue by the British Dental Association of a pamphlet for popular distribution on the preservation of the teeth. It is short and pertinent, and is accompanied by a wall card which embodies the principal "do's" and "don'ts." Prevention of dental disease is a difficult, even contentious, subject, and we are glad to note that in substance this pamphlet runs parallel with similar pamphlets we have seen issued by other dental bodies. It should go far to spread a knowledge both of the evils and of the possibilities of prevention of dental disease. The pamphlet and card can be obtained from Messrs. John Bale, Sons, and Danielsson, Ltd., 19, Great Titchfield Street, W.1, price 3d., postage 1d.; in quantities of 100 or more, 2d. each.

DURING the winter session 1923-24 there were 16,941 medical students in the universities of Germany and Austria, of whom 1,299 were in their first term, and 9,491 natural science students, of whom 1,077 were also in their first term. The medical students in Berlin numbered 1,967, of whom 331 were women; in Vienna 2,943, in Munich 1,394, in Prague 1,136, and in Graz 1,105.

THE subjects to be discussed at the conference next July in Geneva on industrial hygiene have already been announced; that on vitiated atmosphere in workshops will, we are informed, be introduced by Professor Leonard Hill, who will deal with ventilation. Dr. Kohn-Abrest, of Paris, will discuss dust and smoke, and Professor Lehmann, of Würzburg, gases. The subject of industrial lighting and eye-strain will be introduced by Dr. Gaster, of London; he will be followed by Dr. Oslath, of Trieste, who will deal with general physiopathology, and Dr. Stassen, of Liège, who will discuss light in mines. Reports on the value of fatigue tests will be made by Dr. F. Lee, of New York, Professor M. Patrizi, of Bologna, and Mr. Wyatt, of London.

A COURSE of ten lectures on psychological types is being given by Dr. H. Crichton Miller on Wednesdays at 5.30 p.m. at the Tavistock Clinic for Functional Nerve Cases, 51, Tavistock Square, W.C.1.

AT the annual meeting of the governors and subscribers of Queen Charlotte's Hospital it was announced that a Supplemental Charter of Incorporation had been granted by which the name of the hospital was changed from "Queen Charlotte's Lying-in Hospital" to "Queen Charlotte's Maternity Hospital" and women became eligible for election on the Committee of Management.

DR. A. G. NEWELL of Harringay has been unanimously elected chairman of the Tottenham District Council for the ensuing year. He has been made honorary justice of the peace.

AN intensive post-graduate course in general medicine and surgery will be held from May 19th to 31st at the North-East London Post-Graduate College, Tottenham, with which is associated for the purpose the neighbouring North-Eastern Fever Hospital; the fee for the course is £3 3s., or either week £2 2s. From May 5th to 31st a course in venereal diseases will be given at the London Lock Hospitals, including daily clinical work and a lecture on some branch of the subject at the Dean Street hospital. During the same period there will be a course in ophthalmology at the Central London Ophthalmic Hospital, with facilities for operative surgery; and a course in psychological medicine at the Maudsley Hospital, including lectures by Dr. Bernard Hart, Dr. Shrubsall, Sir Frederick Mott, and Dr. Mapother. A course in laryngology, rhinology, and otology will be held at the Central London Throat, Nose, and Ear Hospital from May 12th to 30th. A course in proctology at St. Mark's Hospital for Diseases of the Rectum (City Road), and also a course in infants' diseases at the Infants Hospital, have been arranged from May 12th to 24th. Particulars of the courses may be had from the Secretary, Fellowship of Medicine, 1, Wimpole Street, W.1.

THE Executive Committee of the Aden Settlement desires to appoint an executive health officer. The salary offered is 800 rupees a month, rising by annual increments of 50 rupees to 1,000 a month, with travelling expenses and unfurnished quarters. The appointment is for two years in the first instance, with first-class passage to Aden, and back on termination of employment. Further particulars will be found in our advertisement columns.

IN the final of the Medical Golfing Society's "knock-out" tournament Mr. Murray Thomson defeated Mr. T. P. Kolesar 2 and 1. The other semi-finalists were Dr. Cyril Ilott and Dr. T. B. Jobson.

THE first conversazione of the Royal Society for this year will be held on Wednesday next, May 14th, at 8.30 p.m.

## Letters, Notes, and Answers.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated. Authors desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Financial Secretary and Business Manager, 429, Strand, W.C.2, on receipt of proof.

ALL communications with reference to advertisements as well as orders for copies of the JOURNAL should be addressed to the Financial Secretary and Business Manager, 429, Strand, London, W.C. Attention to this request will avoid delay. Communications with reference to editorial business should be addressed to the Editor, BRITISH MEDICAL JOURNAL, 429, Strand, W.C.2.

THE telephone number of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is Gerrard 2630 (Internal Exchange). The telegraphic addresses are:

EDITOR of the BRITISH MEDICAL JOURNAL, *Aetiology Westrand, London.*

FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate Westrand, London.*

MEDICAL SECRETARY, *Medisecra Westrand, London.*

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.

### X-RAY TREATMENT OF RINGWORM.

"SOUTH WALES" writes: I should be glad if you would dispel my doubts as to the following difficulties in the treatment of ringworm by x rays: (1) I find that the pastille (though lying in a plane 3 in. distant from the anticathode) is 3½ in. distant from the anticathode, and the head of the child is 6 in. According to my information I must alter the time of exposure or lengthen the distance of the child's head from the anticathode to 7 in. I have lessened the exposure to just under 4/5 B. Is this correct? (2) When a failure occurs, how soon is it safe to repeat the treatment? (3) Are bald, or thin and grey, patches appearing in a few cases where there has been no sign of x-ray redness,