

Graph II shows that high wind velocities, as shown by high dry katabatic readings, cause a slight lowering of exhaled air temperature, especially when associated with a low dry bulb reading. Low temperatures not associated with wind do not produce a significant fall.

Neither high black fur readings—for example, at 55° C., 60° C., 56.9° C., 44.7° C.—nor even a dry bulb reading of 49.7° C. (in the drying room of a laundry) have any significant effect on the exhaled air temperature. The last reading shows how warm air when inhaled is cooled down and exhaled at approximately body temperature. The inhaling of dry hot air must therefore enhance the flow of blood and evaporation of water from the respiratory membrane, just as does the inhalation of cool air. Inhalation of warm moist air lessens both, and thus lowers the resistance of the membrane to catarrhal infections.

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¹ W. A. Osborne, *Journ. of Physiol., Proc. Physiol. Soc.*, October 18th, 1913. ² The Science of Ventilation and Open Air Treatment—I. Special Report Series, No. 32, 150, 1919: Medical Research Council. *Sunshine and Open Air*, p. 38: Arnold, London, 1924.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

MYOCLONIC ENCEPHALITIS TREATED BY PATIENT'S SPINAL FLUID.

DR. ABRAHAMSON reports a most interesting case of encephalitis lethargica of the myoclonic type at a meeting of the Royal Academy of Medicine in Ireland (*BRITISH MEDICAL JOURNAL*, June 7th, p. 1003). I met with a case of a similar nature about six weeks ago. The patient, a woman aged 40, had myoclonic spasms of the abdominal muscles, about seventy to the minute, as described by Dr. Abrahamson. It is a most pitiable and distressing sight to see patients in such a state: they can neither rest nor sleep, and rapidly become exhausted and delirious. Morphine certainly relieves the pain associated with it, but the spasms still prevent rest and sleep. In the case here recorded lumbar puncture was performed every day without relief, until finally she had to be anaesthetized to procure any rest at all. When the spinal fluid was withdrawn on the fifth day 10 c.cm. of it were injected intravenously; this was followed by improvement for about twelve hours, but the patient again relapsed. Twenty-four hours later this was repeated with very gratifying results. The spasms and pain disappeared; they have not recurred since and the patient has made a good recovery.

This line of treatment is advocated by Piticiariu of Rumania (*Medical Annual*, 1924, p. 157), who records similar cases.

I am indebted to Dr. Hebblethwaite for his permission to carry out this procedure and report the case.

R. WOOD POWER, M.B., F.R.C.S.I.

General Hospital, Cheltenham.

RECURRENT INTUSSUSCEPTION.

THE following case is perhaps of sufficient interest to merit publication.

A male child, aged 3 months 27 days, was admitted to the Deaconess Hospital, Edinburgh, on May 31st, 1923, with a history and signs and symptoms of acute intussusception.

First Operation.

The patient was operated upon shortly after admission by Mr. W. J. Stuart. An ileo-caecal intussusception was found, the invaginated bowel extending to midway between the hepatic and splenic flexures. The condition was rectified and the abdominal wound closed.

After the initial shock of the operation had passed, the child was spoon-fed with mother's milk diluted with water. Rectal salines were also given. On the morning of June 1st the patient seemed a little better, the pulse 150, respirations 40, temperature 99°. Feeds were taken well, but the child vomited a little. At 9 p.m. a little dark blood and flatus were passed; pulse 158, respirations 36, temperature 99.4°.

At 5 a.m. on June 2nd the patient took a breast-feed well. During the morning the bowels were open three times. Dark brown faeces and a little mucus were passed; the child seemed

rather better than on the previous day. In the afternoon the bowels were again open with a normal result.

At 12.15 a.m. on June 3rd the patient became somewhat collapsed. The foot of the bed was raised and rectal salines were continued during the early morning. During the morning the bowels were open several times with only some mucus evacuated. At 8 a.m. the appearance of the patient was improved; pulse 160, respirations 38, temperature 98.4°. During the forenoon all feeds were vomited. In the afternoon, however, a feed was retained, and the child slept from 5 to 8 p.m., when another feed was given, which was vomited immediately afterwards. The patient seemed in great pain, screaming aloud, and being almost convulsed; pulse 130, respirations 40, temperature 100.4°. At 9 p.m. the abdomen was tense and distended, the child screaming on palpation. Mr. Stuart saw the case immediately afterwards, the patient having now become somewhat collapsed; pulse 200, respirations 34, temperature 103°.

Second Operation.

Immediate operation was considered necessary. On opening the abdomen an enteric intussusception was found about the lower end of the jejunum. The bowel was invaginated to the extent of about seven inches. This intussusception was reduced fairly easily. The bowel was slightly congested and movement passed on well after reduction.

After the shock of this second operation had passed the patient made fairly good progress. His breathing, however, became laboured on June 7th, and bronchopneumonia set in. The condition of the patient unfortunately gradually became worse, and he died on June 21st.

I wish to express my indebtedness to Mr. Stuart for permission to publish this report.

J. H. CLARKE, M.D.,

Late Resident Medical Officer, Deaconess Hospital, Edinburgh.

X RAYS IN LUPUS OF THE NASAL MUCOUS MEMBRANE.

IN your issue of March 8th, 1924 (p. 423), Dr. Harrison describes the successful treatment by diathermy of a patient suffering from lupus of the soft palate and fauces. Such, of course, involves a certain amount of destruction of the surrounding healthy, or at least unaffected, tissues as well as the patches of lupus. That better results are obtainable by x-ray treatment, which must of course be sufficiently penetrating to reach the lesions affected, is illustrated by the following:

V. E., aged 15 (in 1922), had been treated for lupus at an out-patient department of a large hospital in 1919. The Wassermann reaction was negative on two occasions. As the condition was progressing she was transferred to the Austin Hospital for Incurables. When I first saw her in 1922 she had considerable deformity of the cartilages of the nose resulting from lupus, also numerous small ulcers of the mucous membrane of the palate, extending almost as far as the uvula, causing much distress, especially during mastication, etc.

Only one exposure of deep x rays (voltage 200,000) was given—namely, on September 14th, 1922—with the mouth closed. Improvement was very rapid, so that nothing remained of the ulceration except some scarring. Owing to pyorrhoea, all her teeth have since been extracted, and she has been wearing a full set of artificial teeth without any discomfort. Since her discharge she has been regularly employed for the past twelve months, has gained at least a stone in weight, and has not had a day's illness.

Melbourne, Victoria.

H. FLECKER, F.R.C.S.

TREATMENT OF ANGINA PECTORIS.

Two days before I read Professor Wenckebach's lecture (*BRITISH MEDICAL JOURNAL*, May 10th, p. 809) a patient of mine died from a form of angina pectoris that was new to me.

He was a farmer, aged 71, who for some years had been treated for arterio-sclerosis. Occasionally he suffered from slight attacks of syncope, but he never had marked precordial pain. On the morning of the day he died I was called to see him as he was feeling out of sorts. Beyond the usual signs of his complaint I could find nothing abnormal. I told him to stay in bed for a few days and carry out the usual treatment. The same evening I had an urgent summons to go and see him. Apparently he had been seized with an agonizing pain over the heart on trying to get out of bed. I found him completely pulseless, and only a few faint sounds could be heard over the heart, the auricle apparently being in a state of fibrillation. The pain was obviously still intense. I immediately gave him injections of digitalin, camphor, ether, and olive oil, and inhalations of amyl nitrite, wrapped him in a heated blanket, and cupped the precordial region. He revived slightly for a few minutes, but after about a quarter of an hour he was seized with an intense exacerbation of the pain and became completely

collapsed. I continued with the cupping and inhalations, and though he revived slightly he soon relapsed into unconsciousness and died two hours afterwards; the attack lasted about four hours.

No *post-mortem* examination was performed, but I formed the opinion that death was due to coronary embolism. The question which has exercised my mind is whether I was wrong in giving digitalin. I think the exacerbation of the pain must have been due to it. I cannot see what other treatment could have been adopted for the acute heart failure with a fibrillating auricle.

Great Horkeley, Colchester.

CYRIL HELM.

Reports of Societies.

ACTIVE MOVEMENT IN SURGERY.

At a meeting of the Medico-Chirurgical Society of Edinburgh held on June 4th, with Sir DAVID WALLACE, President, in the chair, Mr. J. W. DOWDEN gave a communication on the principles of active movement in relation to injury and disease. He regarded active movement as a new principle in surgery, and made reference to the anatomical adaptation of bones, muscles, tendons, etc., so that everything could be carried out in the easiest possible manner in performing work. It was common knowledge that any interference with the use of a joint led to limitation of movement and adhesions which were difficult to remove once they had formed. The nerve control of the parts was mentioned, and their useful function in this method of treatment was cited. Active movement might be carried out till pain was just induced, and this was a ready indicator as to the amount of movement permissible in each case. The method was of use in fractures, sprains, post-operative conditions, sutured tendons, infected joints, cellulitis, and other forms of suppuration. To be thoroughly effective active movement must be started at the earliest possible moment—within twenty-four hours if possible. The result of employing this principle of active movement was to prevent adhesions and to stimulate the healing process, gradually transforming a bad displacement into good position again through the healing process in the bone. The muscle tone was improved and maintained.

A series of lantern slides was shown to demonstrate the excellent functional results to be obtained by this method of treatment. Not only were good functional results obtained, but good anatomical effects developed, and were clearly demonstrated by x-ray photographs. Several photographs were shown to illustrate the process of callus formation and the final effects obtained by a rounding-off process during union, giving wonderful results from the purely anatomical point of view. Several series of x-ray photographs were shown to illustrate the process of healing in a bone, from considerable malposition to the stage where no evidence of injury could be noted by x rays.

In the discussion that followed Sir DAVID WALLACE referred to the fact that the Edinburgh surgical school had for many years treated fractures by early movement, and referred to a demonstration of the late Mr. John Duncan's in 1892 illustrating the difference between the Edinburgh and London methods. He referred to a statement of Lucas-Championnière in 1905, who said, "immobilization is death."

Mr. CATHCART referred to the fact that Professor John Chiene was one of the first in Edinburgh to adopt massage and movement for sprains. He considered that those surgeons who said a good physiological result after fracture entirely depended on a good anatomical result based their statement on theory, not observation. They ignored the compensatory power of Nature, of which Mr. Dowden had supplied such excellent illustrations.

Dietetics.

Dr. MURRAY LYON, in a short paper on dieting in medicine, summarized the primary objects of feeding, and referred to Mellanby's observation that too much attention had been paid to the calorie in the construction of diets and that other factors were of greater importance. Certain

diseases, such as diabetes, nephritis, and peptic ulcer, were discussed from the dietetic standpoint, and the well known facts in relation to diet restrictions were outlined. In relation to diabetes, the work of Newburgh and March, also Shaffer and Woodyatt, on the ratio between the ketogenic and the antiketogenic substances was cited, and mention was made of intravin—a fatty substance which could be taken freely without risk of acidosis. In dealing with nephritis less certainty was present in giving a suitable diet than in the case of diabetes. Epstein's views as to the harmful action of protein-free diets were mentioned. Shennan and Gettler had shown that certain foods, when burned outside the body, yielded an acid ash, and others an alkaline ash, and the foods which left an acid ash were those which had long been known to be deleterious to nephritis cases—for example, red meats and eggs. In treating peptic ulcers Dr. Lyon claimed to have had great success with Sippy's method. The question of diet in hospital practice was briefly touched upon. Many forms of special diet were complicated, requiring exact measuring and careful preparation. The American plan of utilizing a special dietetic official, who translated a diet prescription in calories into appropriate meals, was commented on favourably.

In the discussion that followed Dr. CHALMERS WATSON referred to his observations on excessive meat eating, with reference to the bacteriology of the alimentary tract. Dr. CLAUDE KER pointed out that in the treatment of typhoid fever his experience showed that patients would do equally well on a diet which would support a working man, or on a very moderate allowance of fluid foods, or on a starvation régime of water alone for a few days at a time. He preferred the milk diet, however, in such cases. He had satisfied himself of the value of eggs being added to the diet of cases with albuminuria lasting three weeks; the addition of this protein cleared up the majority of cases.

Mr. PIRIE WATSON showed a remarkable specimen of a bilateral hydronephrosis due to blockage of each pelvis by a single calculus. The condition was a long-standing one, and the stones were very firmly impacted in the tissues. The amount of renal tissue present in the kidneys was so slight as to be almost unrecognizable.

EMERGENCIES IN GENERAL PRACTICE.

At a meeting of the London Association of the Medical Women's Federation, held at the Elizabeth Garrett Anderson Hospital on June 17th, with Dr. AMY SHEPPARD in the chair, a paper was read by Dr. CHRISTINE MURRELL on emergencies in general practice. She said that in most cases the difficulties and embarrassments of emergencies in general practice were due to the facts that on those occasions the doctor was the central figure, that everyone was standing around waiting for the doctor to do something, and that the atmosphere was one of hurry and agitation. If one remembered that in practically only two conditions—namely, foreign bodies in the air passages and haemorrhage—was excessive haste the one essential for success in treatment, it became clear that the usual emergency was really a matter for calmness and deliberation. Most emergencies happened at night, and the doctor was usually summoned to them by a messenger. It must never be forgotten that the messenger might be able to furnish most valuable information—for example, in cases of poisoning—and much time might be saved in the long run by questions at this stage. Dr. Murrell then dealt seriatim with various kinds of emergency, telling anecdotes illustrative of the dangers and difficulties that might beset the general practitioner. Haemorrhage and foreign bodies in the air passages were dealt with as the most urgent conditions. Oedema of the glottis was another, almost as urgent. Fractures were considered to be emergencies which allowed of deliberation and indeed demanded it, the imperative need for care here, especially the taking of an x-ray plate for the protection of the practitioner, being stressed. Infectious diseases might prove very troublesome, especially when the diagnosis was not quite certain, and the question of the advisability of waiting for the result of the examination of a throat swab before giving

the doctor's duty to give at a moment's notice as many certificates as they may think fit to ask for, and it is regarded as a grave offence if there is any demur on his part.

When a working man is sick it is not unusual for him to ask for four or five certificates, as follows: (1) national insurance; (2) one or more friendly societies; (3) some newspaper's insurance department; (4) a private slate club; (5) the man's employer. Many a doctor grants in this way twenty to fifty certificates in a day and often with no assistance. It is not surprising, then, that there is laxity and carelessness, which are really symptoms of mental overstrain, and with such a state of affairs these mistakes and errors, which may have occurred in all good faith, should not merit a vote of censure by the Council.

The Council appears to have three judgements: (1) case unproved; (2) vote of censure; (3) erasion from the *Register*. Has not the time arrived when the Council should consider some intermediate judgement or judgements?—I am, etc.,

Chichester, June 18th.

ARTHUR M. BARFORD.

Obituary.

Dr. EDWARD CHICHESTER of Colchester, who died recently, aged 57, was the fourth son of Captain Nugent Chichester of the 7th Dragoon Guards and a member of the ancient family of Chichester of Calverleigh, Devon. He was educated at Prior Park, Bath, and at the London Hospital Medical College. He took the diplomas of M.R.C.S., L.R.C.P.Lond. in 1891, and graduated M.B.Lond. in 1894, gaining honours in anatomy at the intermediate M.B. At the London Hospital he held the offices of house-surgeon, house-physician, and resident accoucheur. Some twenty-three years ago he went to Colchester, where he established a large practice. He was honorary surgeon to the Essex County Hospital, and in recognition of his special services to the institution was recently made a vice-president. He was formerly chairman of the North Essex Division of the British Medical Association. Dr. Chichester is survived by his widow, two sons, and a daughter. The funeral took place at Calverleigh on May 31st.

Old graduates of Queen's College, Belfast, will regret to hear of the death of Dr. JOHN FREDERICK GORDON on June 17th at Maghull, near Liverpool. He was educated at the Royal Academical Institution, Belfast, and took his arts course in the old Queen's University, graduating B.A. in modern languages and winning the senior scholarship in modern languages in his college. He obtained the M.D. degree of the Royal University of Ireland in 1886 and went to Maghull, where he remained ever since. He saw the foundation of the epileptic colony at Maghull, and after Dr. Alexander's death, in 1919, was appointed medical superintendent of the colony. His success in treating the inmates was fully appreciated by the committee and was a large factor in the esteem in which the institution is held. For many years he was an international lacrosse player, and possessed an attractive tenor voice. He was very popular with all with whom he came in contact. The large attendance at his funeral showed something of the esteem in which he was held and the regret widely felt at his death. He married Miss Jane Gardiner, who died about eight years ago. He is survived by one daughter, with whom sincere sympathy is felt.

Dr. JOHN HONEYFORD, who died recently, was educated at the University of Edinburgh, where he graduated M.B., Ch.B. in 1910 and M.D. in 1912, and took the F.R.C.S.E. diploma in 1914. He served as senior clinical assistant in the ear, nose, and throat department of the Royal Infirmary, Edinburgh, and was for twelve months senior house-surgeon to the Leicester Royal Infirmary and Children's Hospital. He volunteered for war service and obtained a commission in the R.A.M.C. He served at the Edinburgh War Hospital, Bangour, after which he became surgical assistant at the military hospital, Edinburgh Castle. In 1917 he was appointed senior resident surgeon

at the Bristol Military Orthopaedic Centre, and in June, 1918, surgeon to the Beaufort Hospital, with sole charge of over 400 beds. He was subsequently surgeon in charge of the Derry City and County Infirmary, but had to relinquish that post owing to ill health.

Dr. CLARENCE A. J. WRIGHT of Leytonstone, who died on May 28th, aged 58, was the son of Dr. Arnold Wright, durbagh surgeon to the Rajah of Mysore. He received his medical education in Madras and the Surgeons' Hall, Edinburgh, took the Scottish triple qualification in 1889, and became F.R.C.S.Edin. and L.R.F.P.S.Glasg. in 1898. For a time he was demonstrator of anatomy in the Presidency Medical College, Madras. On his return to this country he started practice in Rochester. Some twenty-six years ago he removed to Leytonstone, where he achieved much success. He had been associate editor of *Medical Electrolgy and Radiology*, and wrote many papers on radiotherapy and kindred subjects.

We regret to record the death in Edinburgh, on June 1st, at the age of 74, of Dr. ARTHUR JOHN VAUSE, J.P., who had practised for some thirty-six years in New South Wales. He studied medicine at the University of Edinburgh and graduated M.B., C.M. in 1875, after which he served as resident physician in the university clinical wards of the Royal Infirmary, Edinburgh, and held junior hospital appointments at Leeds. In 1878 he went to Australia, and after a short period as resident physician to the Sydney Hospital he began practice as a mental specialist, with a private hospital for the insane at Bay View House, Tempe, Sydney, where he resided until 1914. He then retired from practice on account of his health and returned to England. During the past three years he had lived in Tasmania, but returned to this country early this year. Dr. Vause joined the British Medical Association in 1884, and was for thirty years a member of the New South Wales Branch.

Dr. BRUCE FERGUSON, who died at Surbiton on June 10th, at the age of 60, graduated B.A.Camb. in 1883, took the diplomas of M.R.C.S., L.R.C.P. in 1890, graduated M.B., B.Ch. in 1892, received his M.D. in 1895, and took the D.P.H. of the English Conjoint Board in 1907. He received his medical education at St. Mary's Hospital. He was engaged for nearly thirty years in general practice at New Southgate, where he gained the affection and respect both of his patients and his fellow practitioners. He was on the medical staff of the Passmore Edwards Hospital, Wood Green, and for a time chairman of the council. Dr. Ferguson was author of *Aids to the Mathematics of Hygiene* and of many papers on ophthalmic subjects. He leaves a widow, three daughters, and a son, who, with a large circle of friends, will deplore his death.

Professor VAN DEYL, a well known ophthalmologist of Prague, has recently died at the age of 69.

Universities and Colleges.

UNIVERSITY OF OXFORD.

At a congregation held on June 19th the degree of doctor of medicine (D.M.) was conferred upon N. F. Smith.

The Rolleston Memorial Prize has been awarded to Francis John W. Roughton, Fellow of Trinity College, Cambridge. The prize, which is of the value of about £100, is given once in two years for original research in any subject comprised under the following: Animal and vegetable morphology; physiology and pathology; and anthropology.

The University has accepted the bequest of the late Mrs. Constance Jenkinson of £2,216 for the foundation of a John Wilfred Jenkinson Memorial Lectureship in memory of her husband (a Fellow of Exeter College and a captain in the 12th battalion, Worcester Regiment, who was killed in the war), for the encouragement and advance of research in comparative and experimental embryology.

UNIVERSITY OF CAMBRIDGE.

At congregations held on June 21st and 24th the following medical degrees were conferred:

M.D.—H. W. Featherstone.
B.Ch.—C. G. Taylor, H. G. Wiltshire.

QUEEN'S UNIVERSITY, BELFAST.

DR. R. H. HUNTER, demonstrator of anatomy at University College, London, has been appointed lecturer in anatomy at Queen's University, Belfast.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

ONE HUNDRED candidates presented themselves at the examination for the primary Fellowship held from June 10th to 18th, of whom thirty-one were approved and sixty-nine rejected. The following are the successful candidates:

J. L. Armour (Liverpool), Alfreda H. Baker (Belfast), H. Barbash (Cambridge and St. Bartholomew's), G. M. F. Barnett (Otago and Middlesex), P. G. Bentin (Cambridge and Middlesex), R. H. Boggan (St. Thomas's), A. Byrne-Quinn (St. Thomas's), F. A. Bryning (King's College and St. Mary's), H. J. Burrows (Cambridge and St. Bartholomew's), J. B. Crabtree (St. Bartholomew's), J. L. Diggle (Melbourne and Middlesex), S. W. Drinkwater (Manchester), V. T. Ellwood (Oxford and St. Thomas's), E. S. Frischmann (Manchester and St. Mary's), R. A. Graff (Middlesex), W. A. Gray (Edinburgh and St. Mary's), P. Hack (Guy's), J. A. James (Sydney and Middlesex), P. S. Kelman (Otago), V. E. Lloyd (Guy's), E. E. Mackay (Melbourne and Middlesex), J. McMichael (Edinburgh and St. Bartholomew's), D. S. Middleton (Edinburgh and St. Mary's), F. W. G. Nash (Middlesex), C. H. Osborn (Melbourne and Middlesex), C. L. Owen (Cambridge), A. M. Reid (Liverpool and Middlesex), J. Roberts (Liverpool), M. P. Susman (Sydney and Middlesex), S. N. Taylor (Manchester and St. Mary's), C. I. Tuckett (St. Mary's and Middlesex).

ROYAL COLLEGE OF SURGEONS IN IRELAND.

The following officers have been elected for the ensuing year: *President*, Mr. Robert Charles Butler Maunsell; *Vice-President*, Mr. Andrew Fullerton; *Secretary*, Sir Frederic Conway Dwyer; *Council*, Mr. J. B. Story, Sir Thomas Myles, Major-General R. H. S. Sawyer, Mr. Arthur W. W. Baker, Sir Arthur Chance, Sir Robert H. Woods, Mr. R. Lane Joynt, Mr. Thomas Eagleson Gordon, Sir Frederic Conway Dwyer, Mr. Alexander J. Blayney, Sir William Taylor, Mr. Trevor Nathaniel Smith, Mr. Seton Pringle, Sir William I. de C. Wheeler, Sir C. Arthur K. Ball, Mr. R. Atkinson Stoney, Mr. Edward Sheridan, Mr. William Pearson, and Mr. Adams A. McConnell.

The new President is a graduate in medicine and surgery of the University of Dublin. He has been a Fellow of the Royal College of Surgeons since 1900 and was elected to the Council in 1904. Two years ago he was unanimously elected Vice-President. Mr. Maunsell is the senior surgeon to Mercer's Hospital, having been appointed to the staff of that hospital in 1898. During the European war he was surgeon to the Castle Red Cross Hospital and consulting surgeon to the Hermitage Red Cross Hospital, and for a time served in France as surgical specialist to the "Dublin" (83rd) General Hospital.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

SURGERY.—F. James, R. D. M. Tims.

MEDICINE.—K. R. Chaudhri, H. T. Chiswell, C. E. Donaldson, A. Kotbi.

FORENSIC MEDICINE.—W. Bentley, H. P. Burns, K. R. Chaudhri, A. Kotbi, J. Wilson.

MIDWIFERY.—R. D. Jones, W. R. A. Line, M. Schwartzman, J. Wilson.

The diploma of the Society has been granted to Messrs. H. T. Chiswell, F. James, A. Kotbi, and W. R. A. Line.

The Services.

INDIAN MEDICAL SERVICE.

ANNUAL DINNER IN LONDON.

THE annual London dinner of the Indian Medical Service was held at the Trocadero Restaurant on June 18th, when Colonel J. J. Pratt, F.R.C.S., was in the chair. The number of officers present was 89—the largest attendance at these meetings save on one previous occasion. There were two guests, a representative of the *British Medical Journal* (Sir Dawson Williams) and of the *Lancet* (Dr. E. C. Morland). The following is a list of the officers present:

Major-Generals: Sir R. H. Charles, G.C.V.O., K.C.S.I., T. Grainger, C.B., G. F. A. Harris, C.S.I., Sir P. Behir, K.C.I.E., C.B., C.M.G., H. Hendley, C.S.I., J. B. Smith, C.B., C.I.E.

Air-Commodore: D. Munro, C.B., C.M.G.

Colonels: J. Crimmin, V.C., C.B., C.I.E., C. M. Goodbody, C.I.E., D.S.O., T. A. Granger, C.M.G., C. R. M. Green, A. J. Macnab, C.B., C.M.G., J. J. Pratt, H. Austen Smith, C.I.E., T. Stodart, C.I.E., R. G. Turner, C.M.G., D.S.O., C. N. C. Wimberley, C.M.G.

Lieut.-Colonels: A. Alcock, C.I.E., J. Anderson, C.I.E., G. T. Birdwood, Sir T. J. Carey Evans, M.C., A. W. Cook-Young, D. G. Crawford, J. M. Crawford, O.B.E., H. M. Cruddas, C.M.G., O.B.E., R. H. Elliot, F. F. Elwes, C.I.E., J. Enrican, C.I.E., A. M. Fleming, J. K. S. Fleming, O.B.E., A. B. Fry, C.I.E., D.S.O., H. Greany, J. W. Grant, E. C. Hodgson, E. V. Hugo, C.M.G., J. G. Hulbert, C. H. James, C.I.E., J. G. Jordan, H. C. Keates, R. S. Kennedy, D.S.O., M.C., H. Kirkpatrick, J. C. G. Kunhardt, Clayton Lane, W. B. Lane, C.I.E., C.B.E., J. Lloyd-Jones, J. McC. A. Macmillan, H. M. H. Melhuish, D.S.O., A. Miller, R. K. Mitter, T. R. Mulrone, F. O'Keefe, C.I.E., C.V.O., S. E. Prall, J. W. F. Rait, Sir L. Rogers, C.I.E., R. Steen, A. Street, C. Thomson, W. H. Thornhill, G. Tate, J. H. Tull Walsh, H. J. Walton, D. P. Warlicker, C. G. Webster, R. T. Wells, C. E. Williams, H. R. Woolbert, A. C. Younan, T. C. McC. Young.

Majors: H. C. Brown, C.I.E., H. J. M. Cursetjee, D.S.O., W. J. Fraser, D. L. Graham, O.B.E., N. H. Hume, L. C. Irvine, E. O'G. Kirwan, P. S. Mills, W. S. Nealon, A. N. Palit, M. L. Puri, M. J. Quirke, J. G. B. Shand, H. H. Thorburn, C.I.E.

Captains: N. Briggs, J. C. De, G. Kumar, J. G. McCann, V. R. Mirajkar, S. Nag, V. S. R. Pandit, R. Sweet, D.S.O.

ROYAL ARMY MEDICAL CORPS.

Major-General J. R. McMunn, C.B., C.M.G., late R.A.M.C., is appointed Honorary Surgeon to the King, vice Major-General E. M. Pilcher, C.B., C.B.E., D.S.O., late R.A.M.C.(ret.).

Major-General S. F. St. D. Green, C.B.E., late R.A.M.C., is appointed Honorary Physician to the King, vice Major-General Sir W. W. O. Beveridge, K.B.E., C.B., D.S.O., late R.A.M.C.(ret.).

DEATHS IN THE SERVICES.

Lieut.-Colonel Charles William Stanford Magrath, R.A.M.C.(ret.), died at Ballycastle, co. Antrim, on May 19th, aged 68. He was an Ulsterman, but was born at St. Bees, in Cumberland, where his father was a Church of England clergyman. He was educated at Rossall, at Guy's, and at Edinburgh, where he graduated M.B. and C.M. in 1880 and M.D. in 1892. He entered the army as surgeon in July, 1881, became lieutenant-colonel after twenty years' service, and retired on February 2nd, 1911. He served in the Egyptian war of 1882, was present at the action of Tel-el-Kebir, and received the medal and the Khedive's bronze star. In the Sudan campaign of 1884-85 he was with the Nile column, receiving a clasp to the Egyptian medal. He served also in Burma in 1886-87, gaining the Indian frontier medal with two clasps. Soon after the recent war began he rejoined for service, and after serving for a time in the Southern Command was for about a year in charge of a hospital ship; then for some three years he was employed on various duties in and around Portsmouth. The last few years of his regular service were spent at Hilsa, at the north of Portsmouth, and after his retirement he settled at Cosham, close by. After the end of the war he moved to Ireland and went to reside at Ballycastle. He had only one child, Major Meyrick Magrath, R.F.A., who was killed in action towards the end of the war; his wife also died soon after they went to Ballycastle.

Lieut.-Colonel Herbert Ward Austin, R.A.M.C.(ret.), died at Plymouth on February 3rd, aged 59. He was born at Poplar, was educated at St. Bartholomew's Hospital Medical School, and took the M.R.C.S. and L.R.C.P.Lond. in 1885. He entered the army as surgeon in 1886, became lieutenant-colonel in 1906, and retired in 1911. He served in the South African war in 1900-01, when he was on garrison duty at St. Helena, and received the medal. After his retirement he was employed as medical officer at Fort Stamford, Staddon.

Surgeon Commander Norman Lloyd Richards, R.N.(ret.), died at the Royal Naval Hospital, Haslar, on May 28th. He was educated at Guy's Hospital Medical School, took the M.R.C.S. and L.R.C.P.Lond. in 1890, and after serving as clinical assistant and ophthalmic assistant at Guy's, entered the navy; he retired after the war, when he settled at Lyme Regis, Dorset.

Medico-Legal.

A HERBALIST'S CONVICTION.

THE Court of Criminal Appeal (the Lord Chief Justice, Swift and Acton, J.J.) on June 23rd, 1924, refused leave to appeal against conviction and sentence to five years' penal servitude for false pretences passed upon Clement Humphrey, a herbalist, of Prichard Street, Chorlton-on-Medlock, Manchester, at Manchester Assizes.

The Lord Chief Justice, giving judgement dismissing the application, said the prisoner was a West Indian who undertook to cure epilepsy, rheumatism, tuberculosis, nervous depression, and other diseases, and the evidence showed that in all these cases there were no cures. There was ample evidence on which the jury might find that it was a clumsy imposture, and there was no reason for the court to interfere either in the matter of conviction or sentence.

Medical News.

DR. JOHN PURSER, Regius Professor of Physic at Trinity College, Dublin, has offered £10,000 to the College to be used for the benefit of the School of Physic and the Schools of Experimental and Natural Science.

THE RT. HON. JOHN WHEATLEY, M.P., Minister of Health, has appointed Mr. S. F. Perry, M.P., to be his Parliamentary Private Secretary (unpaid).

DURING the Annual Meeting of the British Medical Association at Bradford a Ladies' Golf Competition has been arranged. It will be an eighteen-hole medal competition on handicap, to be played at the Bradford Golf Club, Hawksworth, on Wednesday, July 23rd. Prizes will be given by Arthur J. Hill, Esq., J.P., President of the Bradford Golf Club. The competition will be held under the Ladies' Golf Union rules and will be in two divisions: First division handicaps, 1 to 20 inclusive; second division handicaps, 21 to 36. Conveyance will be provided from the Church House for competitors and others. Luncheons and teas provided at the Club House. Entries may be sent to Mrs. Buchan, 15, Heaton Grove, Bradford, as early as possible. Other information will be found on the notice board in the Social Club.

THE annual dinner of the Federation of Medical and Allied Services was held on June 20th at the Connaught Rooms, London, with the President, Sir Berkeley Moynihan, in the chair. A letter to Sir Thomas Horder from Mr. Ramsay MacDonald expressed the Prime Minister's regret at being unable to attend, and his good wishes for the success of the Federation's efforts in consolidating the agencies that work for the health and comfort of the community. The chairman, in proposing the health of the Minister of Health, extended to Mr. Wheatley a very cordial welcome, remarking that the Federation had no political attachments. Mr. Wheatley, in reply, spoke of the useful purpose that would be served if the objects of the Federation were fully realized and the collective opinions of the medical and allied professions were turned to account. National organization for applying medical knowledge would enable the country to use its stock of health to the utmost advantage. The toast of prosperity to the Federation was proposed by Sir W. Joynson-Hicks, who was Minister of Health in the last Government. He prophesied a great extension of national health insurance, a co-ordination of pensions and insurance against old age, and provision for widows and fatherless children.

THE committee of the Hayling Mosquito Control, of which Sir Richard Gregory, D.Sc., is chairman, has issued a well illustrated report for the year ended May, 1924, drawn up by the honorary director, Mr. J. F. Marshall, M.A., F.E.S. A system of control was organized in 1920 to carry out experimental investigations relating to the mosquitos which every summer and autumn create an almost intolerable nuisance in a number of resorts situated along the coast of Dorset, Hampshire, Sussex, and Kent. The nuisance is due chiefly to a culicine species of mosquito—*Ochlerotatus detritus*—which breeds in stagnating salt water and has a wider range of flight than most freshwater mosquitos. The scheme of work has been to locate the different breeding places and to drain or fill them up. A good deal of success has attended the work both in Hayling itself and in Gosport, in which an organization based on the Hayling Control was started last year. The total cost for the year was £232, and of this amount £80 was provided by the Ministry of Health and £75 by the Havant Rural District Council. Similar work initiated by Surgeon Commander D. H. C. Given, R.N., has been done in the Alverstoke district with appreciably good results.

THE annual inspection of the National Physical Laboratory at Teddington was attended by a large number of visitors, who were received by Sir Charles Sherrington, O.M., President of the Royal Society, and chairman of the board of management of the laboratory, by Sir Arthur Schuster, F.R.S., and by the director, Sir Joseph E. Petavel, D.Sc., F.R.S. All the departments were open for inspection, and in many of them experiments were shown. In the aerodynamics department the wind channels were in operation, and in the national tank a model in load condition with screw propeller. The wireless division attracted the interest of many amateurs. In the physics department methods of measuring daylight illumination in various types of rooms were demonstrated by means of large scale models. In the electrotechnics department the arrangements for approval of ships' navigation lights were explained, and also the methods of measuring standards of luminous intensity in terms of the international candle. The other departments open for inspection were the engineering, the metallurgy, and the metrology.

SIR DONALD MACALISTER, Bt., K.C.B., Principal and Vice-Chancellor of the University of Glasgow, and President of the General Medical Council, has been admitted to the roll of freemen of the city of Glasgow.

As the result of the election of direct representatives on the Dental Board of the United Kingdom the following have been duly elected for England and Wales: Qualified dentists—Mr. W. H. Dolamore and Mr. W. R. Ackland; dentists registered under the Acts of 1921 and 1923—Mr. Butterfield and Mr. Bowen. The election took place under the scheme of the Proportional Representation Society. As there was only one nomination in Scotland and one in Ireland, Mr. William Guy (Edinburgh) was elected for the former and Mr. John James Andrew (Belfast) for the latter.

THE Fellowship of Medicine and Post-Graduate Medical Association announces that the only post-graduate work offered for the first week of July is that which is available at the various hospitals to holders of general tickets under the Fellowship of Medicine, as the first special course in July does not begin until the seventh of the month. As announced last week, this will consist of a series of lectures and demonstrations on diseases of the eye at the Royal Eye Hospital, Southwark. An intensive course in general and special medicine and surgery will begin at the North-Eastern Post-Graduate College, Tottenham (the Prince of Wales's General Hospital), on July 21st. Three special courses have

been arranged for the holiday month of August, so that post-graduates interested in children's diseases, chest diseases, or neurology will be able to study these subjects at the Queen's Hospital for Children, Bethnal Green, from August 11th to 23rd, at the Brompton Hospital during the same period, and at the West End Hospital for Nervous Diseases from August 11th to September 6th. Copies of the syllabus of all courses, and particulars regarding fees, etc., can be obtained from the Secretary, Fellowship of Medicine, 1, Wimpole Street, W.1.

SIR ARTHUR KEITH, F.R.S., will present the prizes to the successful students at the London Hospital Medical College on Monday, June 30th, at 3.30 p.m.

THE Minister of Agriculture finds that "a large number of the recent outbreaks of foot-and-mouth disease have occurred in slaughterhouses," and while there are indications that the severity of the disease is diminishing the Ministry of Health has thought it desirable to send a circular letter to sanitary authorities asking them and their officers to devote special attention to the inspection of meat in order to ensure the prompt detection of meat or offal showing indications of the disease.

SIR JAMES PURVES-STEWART has been elected an associate member of the American Neurological Association.

THE annual meeting of the Society for the Study of Inebriety will be held at 11, Chandos Street, W.1, on Tuesday, July 8th, at 4 p.m. Sir William Willcox will deliver a short presidential address on the aims and work of the society, after which a discussion will be opened by Dr. Walter Astlen on the institutional treatment of the alcoholic inebriate and the drug addict.

THE International Labour Office at Geneva, at the request of a meeting of representatives of disabled men of six European nations, asked Dr. Florent Martin, director of the Technical and Scientific Institute of Artificial Limb Fitting, Brussels, to make a report on artificial limbs. An English version has just been issued, and can be obtained (price 5s.) from the International Office, 26, Buckingham Gate, S.W.1. The report contains a useful summary of the principles of prosthetics and probably gives a good representation of Continental practice. Unfortunately Dr. Martin is not well informed as to British practice before the war, and but imperfectly as to the improvements effected during and since the conflict. He divides artificial limbs generally into "European" and "American," but he would have been more accurate had he substituted "Continental" for "European," seeing that British practice has long differed much from that described by him as European. For instance, in the United Kingdom the sockets of most artificial legs have long been made of wood and not of leather as in the "European" patterns, according to Dr. Martin. Despite these drawbacks the report represents a praiseworthy attempt to provide amputees with a cheap and complete guide to the selection of an artificial limb, and it may be hoped that a second edition will soon be called for in which the defects of the first will no doubt be remedied.

IN connexion with the arrangements for the annual meeting of the Medico-Psychological Association at Belfast from July 1st to 5th the paper by Dr. F. R. Martin on the reaction of the blood to the ingestion of protein in the psychoses will be given on July 2nd and not July 1st as previously arranged. It will be followed by a paper by Dr. Houston on the examination of cerebro-spinal fluid, with demonstration.

THE Royal Sanitary Institute has elected the following distinguished foreign sanitarians to be honorary Fellows: Professor Léon Bernard, Institute of Hygiene in Paris; Dr. Carlos Chagas, of the National Health Department, Brazil; Surgeon-General Hugh S. Cumming, U.S.A. Public Health Service; Professor C. Eijkman, Utrecht; Professor J. J. Van Loghem, Amsterdam; Professor Th. Madsen, Director of the State Serum Institute, Copenhagen; Professor Donato Ottolenghi, of the University of Bologna; Dr. W. H. Park, Bacteriologist to New York City; M. Albert Thomas, Director of the International Labour Office, Geneva; and Mr. O. Velghe, of the Department of Hygiene in the Belgian Ministry of the Interior.

THE Chartered Society of Massage and Medical Gymnastics is about to award two Lucy Robinson bursaries, each of the value of £20—one to a student in training, the other to a masseuse who holds a certificate in massage, is a member of the society, and is in need of assistance to obtain further instruction in medical gymnastics or medical electricity. Applications must be received by the secretary of the society, 157, Great Portland Street, London, W.1, not later than June 30th.

THE issue of the *Zentralblatt für Chirurgie* of May 31st commemorates the centenary of the birth of Gustav Simon, an eminent German surgeon, and founder of the German Society of Surgery, who died in 1876.

DR. R. A. LYSTER, M.O.H. Hampshire and lecturer in Public Health at St. Bartholomew's Hospital, has been elected President of the Society of Medical Officers of Health for the Session 1924-25; he will deliver his presidential address on October 17th, and on the evening of the same day the annual dinner of the society will be held at the Hotel Cecil.

MEMBERS of the British Medical Association attending the Annual Meeting at Bradford next month who desire to spend the week-end at Scarborough can obtain accommodation at the Crown Hotel or at the Royal Hotel, Scarborough, the terms being 40s. and 35s. respectively for the week-end.

ON June 14th the "King's Services Choirs" gave their fifteenth concert at the Chelsea Polytechnic Institute. The members are ex-service men from the Ministry of Pensions Hospitals, trained by teachers provided by the Vocal Therapy Society. The men are mainly sufferers from neurasthenia, and if the advance in the quality of the singing as compared with the former concerts is to be taken as a criterion, the singing and the deep breathing it involves has worked very wonderfully.

THE Rev. John W. Arthur, M.D., has been appointed an unofficial member of the Legislative Council of the Colony of Kenya.

WE have received through the Red Cross Society of Russia (150, Southampton Row) a copy of a new periodical, *The Russian Eugenic Journal*, edited by Professor Koltzoff of Moscow. Among the papers it contains is one by the editor on the genetical analysis of the psychical functions in man, and another by Czulkoff on the genealogy of the Tolstol family.

Letters, Notes, and Answers.

Communications intended for the current issue should be posted so as to arrive by the first post on Monday or at latest be received not later than Tuesday morning.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—not necessarily for publication.

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 Gertard 2630 (Internal Exchange). The telegraphic addresses are:

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

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

MEDICAL SECRETARY, *Mediscera 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.

"M. D." asks for information concerning Sicily as a winter resort for a man suffering from fibrositis.

"W. P. K." asks for information regarding a preparation for subcutaneous or intramuscular injection which is used in the treatment of exophthalmic goitre.

"J. T." asks (1) how fouled closet seats such as are found in schools are best cleaned, and (2) for an easy and efficient method of preventing a patient slipping down in bed.

*(1) Where the seats are fouled with faeces it is the mucus they contain which makes the filth stick. Mucus is soluble in weak alkaline solutions and precipitated by weak acids. Warm water in which ordinary washing soda is dissolved is recommended. A rag soaked in the solution should be laid on to soften the filth after any accumulation has been scraped off with a blunt knife. (2) Raising the foot of the bed 9 or 10 inches or placing a pillow secured by a belt or strap to the top of the bedstead under the hams of the patient. Several bedrests to meet the difficulty have been designed and could probably be obtained from a dealer in sick-room furniture.

OPTIC ATROPHY IN TABES.

"S. B." asks for advice in the treatment of optic atrophy in locomotor ataxia. The other symptoms present are Argyll Robertson pupils and absence of knee-jerks. For a year the patient had incontinence, but this disappeared three years ago after treatment by thyroid extract. The Wassermann reaction is negative. Neosalvarsan, iodides, and strychnine have been used, but loss of vision during the last four years has been progressive.

LETTERS, NOTES, ETC.

A GRAIN OF OATS IN THE CONJUNCTIVA.

DR. W. T. G. BOUL (Ipswich) writes: It is possible that the following may be of some interest to the readers of the BRITISH MEDICAL JOURNAL. On May 9th, 1924, a child, aged 6, was brought to me by the father, who complained that for some months past one eye had been painful and bloodshot. There was some conjunctivitis, and on pressing down the lower eyelid a large grain of oats, over a centimetre in length, was seen and easily extracted. The grain was swollen, quite black, and sprouting; it had eroded into the mucous membrane. The most interesting part of the case is the history. In September, 1923, the child whilst playing in a corn mill had a handful of oats thrown at his face; he immediately complained of pain, and said something had gone in his eye. Doubtless the grain had remained in the eye for eight months; it is remarkable that so little damage had been done.

GONORRHOEAL IRITIS.

DR. M. W. BROWDY (London), in the course of a letter, writes: That a forgotten attack of gonorrhoea may be the cause of symptoms remote to the uro-genital tract, many years after infection, is often overlooked; hence the value of the paper by Mr. E. R. Chambers on gonorrhoeal iritis in your issue of May 3rd (p. 781). Such a case of chronic recurrent iritis, lasting over ten years, I described in a paper some years ago (*Practitioner*, October, 1921). High blood pressure and sclerosis of the arteries arising in middle-aged men is often due to a chronic absorption of toxins from a "sealed" gonorrhoeal prostatitis and vesiculitis, but unfortunately is not always recognized. Such a case I have at present under my care, a clerk with a blood pressure of 240 mm. and its consequent sequelae. He had been treated by several physicians without much benefit. He consulted me, as he had become retrospective as regards his sexual history. I found his prostate enlarged and was able to express masses of purulent debris containing gonococci. After a fortnight's treatment the blood pressure fell 50 mm. Such cases are not uncommon, but attention is not drawn to the uro-genital organs as no local symptoms are complained of.

THE USE OF STRYCHNINE IN SHOCK.

DR. I. DAVID (Colombo, Ceylon) writes: On page 632 of the BRITISH MEDICAL JOURNAL dated April 5th, 1924, in reviewing the book *Clinical Memoranda for General Practitioners*, by Alex. Theodore Brand and John Robert Keith, you state that "the use of strychnine is advocated at one place, while at another Crile is quoted in authority against it." I hope you will forgive me if I point out that, according to Crile, gr. 1/10 of strychnine increases shock, but gr. 1/50 repeated each hour reduces it.

VILLAGE LECTURERS.

MR. WILFRED MARK WEBB, honorary secretary of the Selborne Society (The Hermitage, Hanwell, W.7), writes: For the last ten years the Selborne Society has systematically sent out lecturers to societies and schools. The list for the coming season has just been published, and it may be said that although the original object of helping small societies to get something really good has never been forgotten, so many schools and important bodies have taken advantage of this educational side of the society's work that it is intended to emphasize what can still be done for village clubs and charitable organizations by issuing a special list for them. It will contain the names and subjects of practically all the existing lecturers, for the unanimity with which they offered to help where possible is most striking. Others with a special desire and aptitude for the work will be added to the new list, and the main object of this letter is to ask those whose livelihood does not entirely depend upon their lectures, but who have an interesting story to tell, to send in their names to me with a view to their being included.

NO TIME TO BE BRIEF.

It is customary to attribute the only excuse for prolixity to the Scottish minister who apologized for the length of his sermon by alleging that he had been too busily engaged to make it short. Mr. Alban Dorau informs us that the original source is in Pascal's *Lettres Provinciales* (end of sixteenth letter "aux Pères jésuites"): "Je n'ay fait celle-cy plus longue que par ce que je n'ay pas eu le loisir de la faire plus courte."

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 36, 37, 40, and 41 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 38 and 39.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 307.