

Dr. Paget-Jones noticed that the aortic second sound was not clear, and that there was a faint mitral murmur; the urine was free from albumin and sugar. The patient stood the operation perfectly and made an uninterrupted recovery, there being no disturbance of the heart or peripheral circulation as the result of the anaesthetic or operation.

Two months later his doctor again asked me to see him on account of acute pain and tenderness in the left scrotal sac and along the course of the left vas deferens. I found a condition of acute deferentitis and funiculitis. Prostatic massage produced an exudate fairly typical of chronic gleet. At this time a history of gonorrhoea many years ago was obtained, but the patient persistently denied any history of syphilis, although pressed strongly on that point. He was treated by rest, urinary antiseptics, fomentations, and careful dieting, with the result that all pain and swelling disappeared in about a week, and he returned to his daily work, travelling up to his London office and appearing to be in his usual health.

Shortly after this his heart began to give trouble, and I again saw him in a condition of acute auricular fibrillation. At this time Dr. Paget-Jones had already got him under treatment; he was quite unable to walk, was slightly cyanosed, and severely dyspnoeic. In addition to the auricular fibrillation there was a rushing double mitral murmur with marked left-sided dilatation, and the aortic second sound was again noted to be a peculiar blurred type of note, though we were unable to detect any actual murmur. A very rigid course of treatment with graduated doses of digitalis and potassium iodide, combined with absolute rest and careful dieting for about two weeks, was followed by a very gradual return to normal activities. At the end of another month, Dr. Paget-Jones informed me, the patient had resumed his business life, and the heart seemed to have so completely recovered that nothing abnormal could be detected by stethoscopic examination.

About six weeks before his death I was again called into consultation. When I saw him he was suffering great pain in the legs, and both were showing blue-black patches of commencing gangrene below the knees, the right being considerably worse than the left. The history was that three days previously he had noticed some numbness in the feet "as if he were walking on wool" and that they felt cold; he, however, regarded that lightly, as he had often noticed the same feeling when they were constantly getting sodden with mud in Burma. The following day, however, a painful dark blue indurated plaque, about 3 inches in diameter, formed in the right calf apparently just beneath the skin. He then sent for Dr. Paget-Jones, who at once noticed a slight commencing cyanosis and coldness of the toes of the right foot and absence of pulsation in the dorsalis pedis, calcaneal, and popliteal arteries of both legs. He suspected the onset of gangrene, and diagnosed the indurated lump as a subcutaneous haemorrhage. When seen by me the next day (fourth day after onset) it appeared quite certain that the right leg could not be saved, but we hoped that the left was not too far gone to recover. The heart was again fibrillating, though not so badly as in the previous attack, the mitral murmur had recurred, and the aortic sound was blurred and prolonged.

The patient was immediately removed to the Royal Surrey County Hospital, where Dr. Mitchell took charge of his medical treatment, which consisted essentially of 30-grain doses of potassium iodide thrice a day and daily intravenous injections of strophantidin. This was continued for twelve days, during which time the feet were kept continually elevated, powdered with sterilized boric powder, wrapped in thick layers of sterile wool, and the whole cradle covered with a large radiant heat bath which was kept going continuously. Under this treatment the left leg recovered completely as regards colour, warmth, and sensation, but circulation could not be felt in any arteries below the knee. The line of demarcation on the right leg sank from just below the knee to midway between knee and ankle, and then became stationary, but remained quite aseptic and dry. Meanwhile the heart had improved so much that I felt justified in attempting amputation in the lower third of the thigh. The urine was carefully examined in hospital and found to contain a very slight trace of albumin, but no sugar or acetone. The blood Wassermann reaction was found to be positive. The blood count was normal except for slight leucocytosis with an excess of polymorphonuclear cells amounting to 85 per cent. The blood pressure was: systolic 160 mm. and diastolic 95 mm. Hg.

On the twelfth day of hospital treatment—that is, the sixteenth from the onset of trouble in the legs—I performed the amputation after first blocking the sciatic nerve in the buttock by a local deep injection of 20 c.cm. of 1 per cent. novocain solution directly into the nerve trunk. This was combined with a very small amount of ether to obliterate actual consciousness, and the operation completed in thirty-five minutes. The patient stood the operation remarkably well, and presented no signs of surgical shock. During the first five post-operative days everything appeared to be progressing perfectly. The flaps retained normal sensation, warmth, and colour, and appeared to be uniting firmly; there were no "starting pains" or pain of any description except a little soreness around the site of the injection in the buttock.

On sitting up the popliteal artery in the leg after its removal, it was found to have a lumen less than half the normal, and to have grossly thickened fibrous walls, but there was no naked-eye evidence of ulceration or calcareous changes in the intima of the vessel, and no thrombus was found. On the morning of the sixth day after operation the patient felt so well that, wishing to be unduly independent of nursing assistance, he sat up in bed, attempting to shave himself. He was then noticed by one of the nurses to fall suddenly forward without uttering a sound. The ward sister reached him two minutes later and found him dead.

Post-mortem Examination.

A necropsy was performed the same day and the following remarkable condition was found. The heart was dilated and the musculature felt hard and fibrous. The mitral valve appeared healthy, as did the whole of the endocardium with the exception of the aortic valves, which were thickened and more inelastic than usual, but not grossly diseased. There was a slight excess of clear fluid in the pericardium. The right lung appeared healthy, the left lung was collapsed and compressed to a very small bulk by a huge collection of non-coagulated and clotted pure blood which completely filled the whole of the left pleural cavity. The heart, aorta, venae cavae, trachea, and lungs and oesophagus were removed *en masse* to avoid any possibility of accidental injury to any part of the main vascular system, from which it was suspected such a rapid and profuse haemorrhage must have issued.

It was then observed that no aneurysm was present, and that the aorta was rather smaller than normal and of uniform calibre throughout its length as far down as the diaphragm, at which level it had been divided for removal. The aorta was divided from end to end with very blunt-nosed scissors and then carefully examined for a rupture. This was discovered in the form of a 1 inch split situated on the convex surface of the aortic curve half an inch distal to the site of junction of the left common carotid artery. The thickened, rigid, brittle aortic wall was so grossly diseased that the artery cracked audibly when bent or compressed between the fingers. This was due to the extensive calcareous changes which had taken place throughout the whole length of the vessel; calcareous plates 1 inch square could be stripped off without any difficulty. The muscular and external adventitious coats could be readily stripped from each other by simple traction with the fingers, and the calcareous plates appeared to be embedded in, and to have largely replaced, the muscular coat. No gross change was to be seen in the intima, though there were numerous small areas of shallow atheromatous ulceration and proliferation.

The whole history of this case points to the gangrene having been due to syphilitic endarteritis obliterans rather than to any embolic blocking. The most remarkable feature was that the patient should have been able to carry on a normal active business life and to survive successfully two general anaesthetics up to within such a short time of his decease with such an advanced degree of degeneration present in his main arterial channel.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ANEURYSM OF A BRANCH OF THE RENAL ARTERY.

I WAS very interested in Mr. R. P. Rowlands's article in your issue of November 22nd, 1924 (p. 939), on aneurysm of a branch of the renal artery. I think the following case of painless haematuria may prove of interest, and was possibly due to the same cause.

A man, aged 59, previously quite healthy, consulted me on August 14th, 1924, for profuse painless haematuria of sudden onset. The urine contained a very large quantity of bright red blood, and in the first specimen seen was a ureteric cast. Microscopically there was blood only, and no neoplastic cells were detected. Later, very slight ureteric colic occurred, with tenderness of the kidney on the right side. There was no history of trauma or of previous pain. A radiograph negated stone, but gave definite evidence of slight enlargement of the right kidney. Severe painless bleeding continued for three days. On the fourth day I succeeded in demonstrating by cystoscopy profuse haemorrhage from the right ureter and a stream of clear urine from the left. Some of the urine from the left kidney was collected and was found to contain 2.2 per cent. of urea. Profuse haemorrhage persisted for the next forty-eight hours, and on August 21st I explored the right kidney through the loin, having diagnosed provisionally renal neoplasm. The organ was adherent, enlarged, and deeply congested. No stone or difference in consistency could be detected. As the haemorrhage was just as profuse and continuous as ever, and the patient was becoming definitely anaemic, nephrectomy was performed without first opening the kidney. The patient made an uninterrupted recovery.

On splitting the kidney, after removal, the knife bisected in the pelvis a globular mass the size of an olive, which appeared to consist of laminated blood clot, exactly comparable to that found on the walls of some aneurysms.

Pathological Report.

The whole organ was sent to the Clinical Research Department, St. Bartholomew's Hospital. The reports were as follows:

"August 30th.—Macroscopically the kidney shows several subcapsular haemorrhages and subepithelial haemorrhages in the pelvis. There is a larger haemorrhagic area in the pelvic fat, in close relation with the pelvis, measuring roughly 2 by 1 by 1 cm. A section has been prepared from this area. It shows irregular areas of haemorrhage in the peripelvic fat. The kidney itself appears normal and there is no evidence of new growth. Around

the areas of haemorrhage organization is taking place, as indicated by the presence of fibroblasts. The haemorrhage is therefore pathological, and is not recent. The section gives no clue to the cause of the haemorrhage. There is one small area of haemorrhage in the cortex which, macroscopically, looks not unlike an infarct. Sections are being prepared of this. The possibilities appear to be that the area of peripelvic haemorrhage is: (1) an infarct; (2) due to a very small papilloma which has been overlooked; (3) due to a leaking aneurysm. Further sections are being cut in the hope of finding the cause of the condition, but from experience of similar cases the probabilities are that no cause will be found."

"September 6th.—Further sections of the area of peripelvic haemorrhage show a condition identical with that found in the first section. No cause for the haemorrhage can be found. The small area of cortical haemorrhage is not an infarct, but simply haemorrhage in the kidney substance."

I cannot help thinking that the haemorrhage in this case arose from a leaking aneurysm of a branch of the renal artery of the type described by Mr. R. P. Rowlands. A papilloma small enough to have been overlooked would hardly have caused such severe and continuous bleeding as occurred in this case. I have preserved the kidney and the sections.

Newquay, Cornwall.

G. B. RICHARDSON, F.R.C.S.

BARLEY ITCH.

AN outbreak of "barley itch" or "miller's itch" has occurred recently in several ports on the south coast of England. The first outbreak occurred among men handling a cargo of Moroccan barley shipped from Casablanca to Southampton at the end of August, 1924. I examined several men affected at that time, as well as others subsequently, and obtained a very typical history and picture of an infestation by mites.

Intense irritation on the forearms and neck begins ten or twelve hours after first handling the barley; it then spreads rapidly all over the body, but is less below the belt line than above. There were no symptoms of malaise.

The rash appears first as a pale irritating spot like a nettle sting; it is quickly surrounded by an area of bright erythema, giving the skin a puffy appearance, somewhat like measles. A small vesicle appears generally, but not always, at the site of the bite. It is extremely likely to be broken by scratching. After two or three days the irritation dies away, and the skin at the end of a week suggests strongly a heavy infestation by *Pulex irritans*, for it is dotted with brownish-red areas of pigmentation the size of a small pin's head.

On September 8th I examined a sample of the barley, which had been in the grain store a week, and found no mites present. I reported at the time that the mite was probably one of the Tyroglyphidae (causing "grocer's itch") or the Tarsonemida (*Pediculoides ventricosus*), a parasite of the grain moth and its caterpillar.

The grain is unloaded here by a mechanical elevator, and practically only the few men working in the hold were affected. The matter was therefore considered to be unimportant.

During October several ports received consignments of Moroccan barley, and the men, in spite of a rise of 10s. a day, became chary of handling it. At Sharpness the men absolutely refused to do so, and a mechanical elevator was introduced. This made much dust, which was blown into some cottages near and infected all the women and children at home at the time.

Another outbreak occurred at the beginning of November, and I was able to obtain a considerable addition to my knowledge of the cause—namely, that, in reply to questions as to weevils, etc., the only parasites observed by the men working were a noticeable quantity of the grain moth. Unfortunately the ship had gone, so the only samples obtainable were from grain which had been unloaded by the elevator. No *Pediculoides ventricosus* could be found in it.

Dr. Bridge of the Home Office and Dr. Davies, Port M.O.H., Bristol, were able to take samples from the hold of a ship at Bristol, and found quantities of the mite on the first slide. The analysts, to whom samples were submitted, suggested that the cause was the sharp spicules which break off the husk of the barley, but these could never produce a pale spot. The presence of a toxic

substance is too strongly indicated by this vaso-constriction for such a cause to be possible.

Several similar outbreaks have been reported in this country, such as those at the London docks and Colchester in 1913, where the same mite was the cause in consignments of cotton-seed from Alexandria. In Casablanca it is well known as "boorweesh," but native coolies are seldom affected. I am informed by H.B.M. Consul there that "white men never sit on the sacks of grain twice"!

Mr. Hirst, entomologist at the British Museum, recommends flowers of sulphur, dusted freely over the body and inside the clothes, as the best preventive measure. After infection I have recommended a hot soda bath, which certainly allays the intolerable irritation.

A. G. G. THOMPSON, M.A., M.D., D.P.H.,
Assistant M.O.H. Southampton.

TUBERCULOUS DISEASE OF THE STERNUM.

LITTLE reference is made to tuberculous disease of the sternum in the ordinary textbooks, except to say that it runs its course like tuberculosis elsewhere. The unusual clinical features of the following case seem to merit record.

A plumber's assistant, aged 16, was sent into hospital with "rheumatism and endocarditis."

History.—He had had no previous illnesses and, according to his mother, was working, apparently in his usual health, until twelve days before admission, when he complained of vague pains in the front of the chest and arms. There was no history of injury to the chest.

Condition on Admission.—He was thin and undersized, complained of pain across the front of the chest, and had a cough. The heart was rapid (136) and the sounds soft; no murmurs were heard. The percussion note was impaired over the left base, where the breath sounds were tubular. The temperature was 101° and the respirations 36.

Subsequent Course.—On the fifth day a swelling suddenly appeared over the body of the sternum and adjacent costal cartilages. It could just be grasped in the palm of the hand; it fluctuated and was pulsatile (the pulsations being synchronous with the heart beat), but not expansile. On deep pressure the sternum could be felt eroded about the middle of its body. There was also another smaller swelling in the lower part of the neck just to the right of the middle line; it also was fluctuant but not pulsatile; there was apparently no communication between the two swellings. On the sixth day a small fluctuating swelling appeared over the back of the left hand. This was needed and pus withdrawn.

The patient ran a rapid course downhill. The temperature was intermittent; the mouth and lips dry and parched. He lay propped up in bed, was troubled with cough, was restless and delirious at night. On the twelfth day the swelling over the sternum diminished greatly in size. On the fourteenth day a fluctuating swelling was noticed over the left hip. On the sixteenth day he died.

Post-mortem Examination.—The sternum was completely eroded about the middle, the body being divided into two parts and the jagged ends separated by about half an inch. There was a quantity of brownish gray-like pus beneath the sternum. The heart showed no lesions. Of the lungs, the right was normal; the left was bound down by pleuritic adhesions and the lobes were adherent to each other. On the surface of the lower lobe were large flakes of fibrin. The upper lobe was oedematous, the lower much congested, exuded beads of pus on pressure, and sank in water. The spleen was a little enlarged, and the kidneys slightly enlarged and pale. No important changes were found in the other organs.

The interesting features are the rapidly fatal course and the sudden appearance of the swellings.

Warrington.

E. W. JOHNSON, M.B.

CERVICAL RIBS IN CHILDREN.

IN view of the very interesting paper in the BRITISH MEDICAL JOURNAL of November 8th, 1924 (p. 844), by Drs. A. H. Southam and W. J. S. Bythell, the following two cases of cervical ribs in children appear to be worth recording.

Case 1.—A female child, aged 4, was admitted to hospital for treatment of fibrosis of the left lung. A cervical rib on each side of the neck was easily palpable, that on the right side being particularly well marked. X-ray examination showed that cervical ribs were present, and that the anterior end of the one on the left side was apparently attached to the first rib. This child had been under treatment at the same hospital twelve months before, and, though repeatedly examined, the cervical ribs were not detected then. At that time no x-ray examination was made.

Case 2.—A girl, aged 14, was admitted to hospital for treatment of pulmonary tuberculosis. Cervical ribs were palpable on both sides of the neck, and x-ray examination confirmed this finding. In this case there was also congenital absence of the right thumb and scaphoid.

In neither case did the cervical ribs give rise to any symptoms; they were only discovered during routine examination. Case 1 is of particular interest in view of the suggestion put forward by Drs. Southam and Bythell that symptoms do not arise so often in children owing to incomplete ossification. Apparently, incomplete ossification may also account for the fact that these ribs are not usually detected by ordinary physical examination, since in this case at the time of the child's readmission the ribs were detected at once, whereas twelve months before they had not been detected, although the child had been examined frequently.

C. D. S. AGASSIZ.
KATHLEEN A. H. SYKES.

High Wood Hospital, Brentwood.

CONGENITAL FAMILIAL JAUNDICE.

THE following family history may be of interest in that three children out of a family of six suffered from jaundice and survived to lead a healthy life.

A woman, now aged 40, suffered from jaundice from the first to the tenth day of her life; her mother was jaundiced at the same time. She married at the age of 25, and the history of her children is as follows:

1. Boy (born one year after marriage): no jaundice; healthy.
2. Boy (born four years later): jaundice first to tenth day; survived, healthy.
3. Girl (born eighteen months after No. 2): jaundice first to tenth day; survived, healthy.
4. Girl (born three years after No. 3): jaundice first to tenth day, when the child died.
5. Girl (born sixteen months after No. 4): jaundice first to tenth day, when the child died.
6. Boy (born two years and three months after No. 5): jaundice first to third day, when the child died.

Both father and mother are alive and healthy. The progressive nature of the result of the congenital disturbance is clearly indicated.

Lamberhurst.

T. R. THOMSON, M.B., B.Ch.

Reports of Societies.

CANCER.

At a meeting of the Liverpool Medical Institution on December 11th, 1924, Dr. JAMES YOUNG of Edinburgh read a paper on cancer, which is published in this issue (p. 60).

Mr. F. T. PAUL, opening the subsequent discussion, said his own conception of the cause of cancer was founded on observations extending over fifty years. No line could be drawn between normal tissue growth and cancer; a gradual transition could be traced from the embryo, through monsters, teratomata, mixed tissue growths, innocent tumours, and recurrent growths to cancer without a break. Every new growth was an erratic counterpart of the tissue in which it originated. These points showed that cancer was closely allied to normal tissue growth, and could not very well result from a microbe. He called attention to the exciting and controlling influences which regulated normal tissue growth, giving as an example the growth of a kidney after excision of the opposite organ. Cancer was subject to the same exciting and controlling influences. Given excessive excitation to growth or weakening of control, a possible cause was present for the growth of cancer. There was sufficient evidence to show that cancer only occurred in predisposed individuals; in such, he thought, the balance between excitation and control was disturbed. Formerly he had held the view that cancer was due to a local or general excitation to tissue growth, but recently he had felt convinced that it was a weakening of the controlling inhibiting influence that was the chief factor. In a condition like chronic mastitis, irritants, which excited growth, might very well lead to exhaustion of control. In a "predisposed" person—that is, an individual in whom this balance was imperfect—any influence which tended to excite growth would in the absence of growth control lead to new growth; this he believed to be the true pathology of cancer.

Mr. K. W. MONSARRAT said that the parasitic forms described by Dr. Young bore a close resemblance to those which he himself had isolated from cases of breast cancer some years ago, the life cycle of which he had described. He did not hold the view that cancer was invariably due to parasitic invasion. It had been demonstrated that repeated or continuous irritation was capable of turning somatic cells from their orderly course into the cancer type, and he saw no reason to doubt that the long-continued stimulation of a parasitic invasion in an organ like the breast might also bring about the same revolution. He had demonstrated that under certain cultural conditions an organism could be grown from most cases of breast cancer which had a cycle marked by a characteristic pleomorphism. He considered that therapeutic and protective measures, in breast cancer at any rate, might be based on these observations.

Professor BLAIR BELL said that only those who had followed closely the development of Dr. Young's investigations, and had had the advantage of personal acquaintance with him, could appreciate the amount of labour put into his quest, and the material sacrifices made. This work of Dr. Young had not escaped the traditional treatment of all originality: he had had detractors and critics. Professor Blair Bell suggested that evolution, variation, and even mutation, whether atomic or biological, would some day be expressed in terms of physical chemistry. He hoped that Dr. Young would be able to show that the "*Fungus youngi*" deserved a place with the numerous other agents that were believed to cause cancer, but which he personally regarded as being producers of a general precancerous condition in the cell.

Dr. J. G. ADAMI, from his own observations and from his knowledge of Dr. Young and the sincerity of his work, was prepared to accept Dr. Young's observations upon the pleomorphism of the organism discovered by him in cancer of the breast. Those observations coincided strikingly with the earlier observations of Mr. Monsarrat made in the late Sir Rubert Boyce's laboratory twenty years ago. Monsarrat, indeed, had gone further and had evidently, by inoculation of his cultures, induced formative new growths of more than one order in the lower animals. To suggest that Dr. Young's results were due to imperfect technique was futile and a confession of conservative ignorance, so vast of recent years had become the mass of similar observations by bacteriologists of recognized standing upon bacterial pleomorphism. But while making this acknowledgement, he was far from ready to associate himself with Dr. Young in regarding this organism as in all probability the essential cause of cancer. Bacteria might be one cause. He accepted whole-heartedly Erwin Smith's remarkable studies upon the *B. tumefaciens* as the cause of crown gall in plants, and was quite prepared to find that there were in animals bacteria of that peculiar order or virulence which stimulated growth instead of bringing about cell destruction. He found it impossible to make any sharp distinction between benign and malignant growths. He had pointed out long ago how large a number of benign growths were truly teratomata of various orders originating from totipotent, multipotent, and even unipotent cells, misplaced during development. To demand that the action of bacteria must be added in order to bring about malignant growth was unnecessary. Taking, for example, chorion-epithelioma malignum, the most malignant of all growths, they knew that this originated from the chorionic epithelium, which normally exhibited physiological malignancy, invading and destroying the uterine tissues until its villous processes gained entry into the uterine blood sinuses. Were they to demand the presence of bacteria in the embryo in order to incite this physiological malignancy, or to explain the continued growth of these villi within the blood sinuses? He was thus prepared to hold that just as the causes of cell growth were various, so were the causes of malignancy.

Professor ERNEST GLYNN stated that it was generally recognized that bacteria were usually present in malignant growths. This did not mean necessarily that they preceded the onset of malignancy. On the contrary, they were probably often secondary invaders, entering the growth not only from the surface, but by the blood or lymph stream. The observations of Ford and others demonstrated that stray bacteria not infrequently entered the organs of

District Asylum, Gartloch, becoming medical superintendent there when Dr. Oswald was appointed medical superintendent of Gartnavel. This position Dr. Parker held with great honour and distinction till his death. Under his direction at Gartloch many notable extensions and improvements were made, including the increase of bedding accommodation from 540 to 810, and the introduction of a modern sanatorium to accommodate 60 patients.

Dr. Parker was one of the first to advocate the open-air treatment of acute mental cases in bed, and the spacious verandahs he introduced at Gartloch early in 1903 were the first of the kind to be used in Scotland, and were amongst the forerunners of the modern verandahs to be found in practically all asylums in this country to-day. He was especially interested in research work, and the extensions of the pathological laboratory and the establishment of well equipped electrical and haematological rooms were evidences of his energy in this direction. When the Scottish Western Asylums Research Institute was founded in 1909, he was appointed the first honorary secretary and treasurer, offices he held for several years. It was his intention that further large extensions at Gartloch should be carried out, and plans had actually been prepared, but progress in this direction was interrupted by the war.

He endeared himself to his patients and staff alike and, in fact, to all with whom he came in contact, by his gentleness of manner and his kindly sympathy and encouragement at all times.

He married, in 1909, a sister of Dr. Charles James Lewis, associate professor of public health in the University of Birmingham, and his home life was particularly happy. For the past two years he had been in failing health, and he died on December 24th, 1924. His remains were followed to the grave in the Glasgow Necropolis by a large gathering of relatives and friends, representative of the public life of Glasgow, the medical profession, and his staff, past and present. He is survived by his widow and four young children, to whom, along with his sister and two brothers (one of whom is Professor Matthew Parker of the University of Winnipeg, Canada), the deepest sympathy is expressed in their great loss.

Dr. FREDERICK BURROUGHS JEFFERISS, who died on December 20th, 1924, received his medical education at King's College, London. He obtained the diplomas M.R.C.S.Eng., L.R.C.P.Lond. in 1900, and the F.R.C.S. Edin. in 1903. He was for many years medical officer and public vaccinator of the East Chatham division of the Medway Union, and his other appointments included house-physician to King's College Hospital and surgeon to St. Bartholomew's Hospital, Rochester. He took an active interest in ambulance training, and was honorary surgeon and examiner to the St. John Ambulance Association and lecturer on ambulance to the South-Eastern and Chatham Railway; he was lately made an Associate of the Order of St. John of Jerusalem. He served for twelve years in the R.A.M.C.(T.), being attached to the 5th battalion of the Royal West Kent Regiment, with which he served in India from the beginning of the war, and later on in Mesopotamia, reaching the rank of lieutenant-colonel.

Dr. JOHN REGINALD LAMBERT, who died on December 26th, 1924, at the age of 50, was educated at Bradford Grammar School and Leeds University. In 1897 he graduated M.B., Ch.B.Vict., and received the diplomas L.R.C.P. and S.Ed. and L.R.F.P.S.Glasg. He then joined his father, Dr. F. Lambert of Farsley, on whose death he took sole charge of the practice. He was appointed medical officer of health for Farsley, and was medical officer for Farsley district and public vaccinator of Calverley with Farsley N. Bierley Union. He took an active interest in sport, was president of the Farsley Cycling Club, vice-president of the Farsley Cricket Club, and vice-president of the Farsley Celtic Association Football Club since its start. Dr. Lambert is survived by his widow and eight children. He was a member of the British Medical Association. His general popularity was very great, and his funeral was attended by 900 people.

Dr. LÉON CHEINISSE, a well known writer on the staff of the *Presse Médicale*, and formerly attached to the now defunct *Semaine Médicale*, was recently killed by a taxicab in Paris.

Universities and Colleges.

UNIVERSITY OF LONDON.

At the meeting of the Senate on December 17th, 1924, it was decided that the Department of Bacteriology and Public Health at King's College should be closed at the end of the session 1924-25.

It was resolved to amend Regulation 4, Part B (ii), for the Diploma in Psychological Medicine, to read as follows:

(ii) Psychological Medicine. (Two papers and a clinical and an oral examination.) In order that candidates may have the option of showing either (a) a higher knowledge of mental diseases and a less advanced knowledge of mental deficiency, or (b) a higher knowledge of mental deficiency and a less advanced knowledge of mental diseases, paper I will be a general paper to test the candidate's knowledge of both mental diseases and mental deficiency, and part II will be special, and will consist of two separate alternative sections, the first relating to mental diseases, and the second section to mental deficiency. Candidates will be permitted to take only one of the two sections of paper II at one and the same examination, and each candidate must state at the time of entry which of the two sections he will take.

Other amendments and additions to the regulations for the Diploma in Psychological Medicine were also adopted.

Sir H. J. Waring, M.S., F.R.C.S., was nominated for appointment to represent the University on the Westminster Hospital Medical School Committee.

Dr. Herbert G. G. Cook has been reappointed the Vice-Chancellor's representative on the Court of Governors of the University College of South Wales and Monmouthshire.

A lecture on the relation of paralysis agitans to the Parkinsonian syndrome of epidemic encephalitis will be given at the house of the Royal Society of Medicine, 1, Wimpole Street, W.1, by Dr. R. Cruchet, professor of pathology and general therapeutics in the University of Bordeaux, on Wednesday, February 25th, at 5 p.m.; Sir Humphry Rolleston, Bt., F.R.C.P., will take the chair.

Professor B. P. Watson (Edinburgh) will give a course of four lectures on puerperal sepsis, at St. Thomas's Hospital Medical School, on March 2nd, 3rd, 4th, and 5th at 5 p.m.

A course of four lectures on some practical considerations and experiences in the conservative treatment of fractures of the pelvis and the lower extremity will begin at St. Bartholomew's Hospital Medical School by Sir William Wheeler, past president of the Royal College of Surgeons in Ireland, on February 16th, 17th, 18th, and 19th, at 5 p.m. The chair will be taken at the first lecture by Mr. Walter G. Spencer, M.S., F.R.C.S. Admission to these lectures will be free without ticket.

The Services.

PASSAGES TO INDIA.

MAJOR M. PURVIS (Helensburgh, Dumbartonshire) writes: After reading your remarks, in a recent number of the JOURNAL, as to the benefits resulting to the Indian Medical Service from the acceptance by H.M. Government of certain recommendations of the Lee Commission, I applied to the India Office for passage at the public expense on my return to India from leave in March. In reply I have been informed that "the provisions of the Superior Civil Services (Revision of Pay and Pension) Rules, 1924, apply, so far as officers of the Indian Medical Service are concerned, only to those who are in permanent civil employ." It would appear, therefore, that those who, like myself, are serving on the military side of the Indian Medical Service do not reap any advantages from the recommendations of the Commission. My object in writing is to make this point clear, so that other officers of the I.M.S. on the military side may not suffer from a misapprehension.

DEATHS IN THE SERVICES.

Surgeon Commander William Ernest Marshall, R.N.(ret.), died very suddenly at Treniffle, Launceston, on December 24th, 1924, of heart failure, aged 58. He was born at Portsmouth in 1866, educated at University College, London, and after taking the M.R.C.S. and L.R.C.P.Lond. in 1890 served for a year as house-surgeon of the Royal Portsmouth Hospital. He entered the navy as surgeon in November, 1891, and after ten years' sea service abroad was appointed, in 1902, to the Royal Naval Hospital, Haulbowline, and promoted to staff surgeon in the following year. From 1904 to 1906 he served in H.M.S. *Bedford*, and after she was paid off went through a post-graduate course at the West London Hospital. He was promoted to fleet surgeon on November 11th, 1907, and served successively in H.M.S. *Andromeda*, *Achilles*, and *Revenge* till, in 1912, he was appointed to H.M.S. *Duke of Edinburgh*; he was in her at Malta in August, 1914, when the war began, and took part in the pursuits of the *Goben* and *Breslau*. After a short spell on convoy duty in the Indian Ocean and Red Sea, during which a Turkish fort was bombarded and destroyed opposite Perim, the *Duke of Edinburgh* was sent to Scapa Flow in December, 1914. In the following month (January, 1915) the subject of this notice was invalided for heart disease, and since then had lived near Launceston. He was twice married, and leaves a widow, and also two children by his first wife.

Medical News.

LETHARGIC ENCEPHALITIS was unusually prevalent in 1924 in Great Britain and Ireland, though, apart from Italy and Sweden, where smaller outbreaks have occurred, it was not observed so frequently on the European continent as during previous years. It reached a maximum in the middle of May, in England, and early in June in Scotland; in 1923 the greatest number of cases were notified in March, and in 1921 in February. The decline of the epidemic was slow, and the number of notifications became stabilized in September and October at a very much higher level than in previous years. The type of disease differed from that of earlier outbreaks in that the case fatality rarely exceeded 20 per cent., whereas formerly it had been 50 per cent. The onset often resembled influenza, and abortive attacks were frequent. The usual oculo-lethargic type was less common than during earlier epidemics, and many cases were characterized by myoclonic symptoms.

THE Imperial Bureau of Entomology has issued an index (price 9s. net) to Volumes I to X (1913 to 1922) of the *Review of Applied Entomology*, Series B: Medical and Veterinary. This index will greatly increase the value of the *Review* as a work of reference, and will also tend to simplify difficulties in nomenclature, which have resulted from many insects having been recorded under different names in different volumes. Arthropod names only are included, and for such entries as diseases and blood parasites, their vertebrate hosts, and their geographical distribution, reference must still be made to the annual index published with each volume. The general arrangement of this combined index is the same as that of the annual indexes, except that in the case of authors reference is restricted to those whose papers have been actually abstracted in the *Review*.

POST-GRADUATE courses on diseases of the nervous system will begin next month at the National Hospital for the Paralyzed and Epileptic. There will be a general course beginning on February 2nd, consisting of clinical lectures and demonstrations, teaching in the out-patient department, and pathological lectures and demonstrations. The fee for this course will be five guineas. If sufficient applications are received a course of lectures on the anatomy and physiology of the nervous system will be arranged (fee, two guineas). A course of clinical demonstrations, chiefly on methods of examination of the nervous system, will also be given (fee, two guineas). A course of ten lectures and six demonstrations on neurological ophthalmology has also been arranged (fee, five guineas, or if taken with the general course, three guineas). The number of students in this class will be limited, and early application should be made to the Secretary of the Medical School (Queen Square, London, W.C.1). A limited number of students can be enrolled as ward clerks or clinical assistants in the out-patient department.

THE Fellowship of Medicine announces that the London Temperance Hospital, in conjunction with Bethlem Royal Hospital, the Central London Throat, Nose, and Ear, the Royal Eye, St. Peter's, and the West End Hospital for Nervous Diseases, will hold a post-graduate course in general medicine, surgery, and the special departments from January 12th to 24th. A four weeks' course in urology will be held at St. Peter's Hospital from January 12th to February 7th. The following courses will be held in February: A fortnight's intensive course at the Prince of Wales's General Hospital, Tottenham; a combined course in children's diseases at the Paddington Green Hospital, Victoria Hospital for Children, and the Children's Clinic; a dermatological course at the St. John's Hospital; a gynaecological course at the Chelsea Hospital for Women; a course in tropical medicine at the London School of Hygiene and Tropical Medicine; and in venereal disease at the London Lock Hospital (Dean Street). Copies of the syllabus of each course may be obtained from the Secretary to the Fellowship of Medicine, 1, Wimpole Street, W.1.

SERIOUS losses in apples shipped from Australia and Tasmania in 1922 were incurred owing to many of them becoming affected with "brown heart," a functional disease which it has been ascertained is due to want of ventilation, or, as the Agent-General for Tasmania, the Hon. A. H. Ashbolt, put it, to "suffocation" (see BRITISH MEDICAL JOURNAL, August 25th, 1923, p. 335). The assistance of the Food Investigation Board of the Department of Scientific and Industrial Research was enlisted, and that Board has now issued through the Stationery Office (price 9d. net) a report (No. 20) giving a general survey and summary of the results obtained by a scientific expedition to Australia in 1923. The evidence obtained by the expedition, together with that

already published, indicates that "brown heart" is developed on shipboard, that the conditions which give rise to it are those accompanying insufficient ventilation of the hold, and that they can be guarded against and all danger of the occurrence of the disease eliminated.

THE KING has appointed Sir William Fairbank, K.C.V.O., O.B.E., to be Honorary Surgeon-Apothecary to the household at Windsor Castle.

AT a meeting of the Medico-Legal Society at 11, Chandos Street, Cavendish Square, W., on Tuesday, January 20th, at 8.30 p.m., Mr. F. Llewellyn Jones, coroner for Flintshire, will read a paper on the laws of nations and the health of nations.

ON the report of the examiners (Sir William Willcox, Dr. Alfred Piney, and Dr. Knyvett Gordon) the directors of Virol, Ltd., have awarded the company's research scholarship to Mr. R. A. Hickling, B.A. Cantab., M.R.C.S., L.R.C.P., demonstrator of pathology at Charing Cross Hospital. The scholarship is of the value of £200 for one year.

A MEETING of the Guild of Public Pharmacists will be held at St. Bartholomew's Hospital on Thursday, January 15th, when a lecture will be given on the influence of suggestion in social life, by Sir Robert Armstrong-Jones, C.B.E., M.D. Lord Stanmore (Treasurer of the Hospital) will take the chair at 8 p.m. The pharmaceutical departments will be open to visitors from 7 o'clock.

THE New York State Department of Labour last summer began the publication of a monthly *Industrial Hygiene Bulletin*, giving in popular language information with regard to industrial diseases and risks. The issue for December last contains a note on the danger of poisoning by tetraethyl lead, a substance which, it has been suggested, might be used to improve the efficiency of gasoline motors. It can only be used with safety in motors when extremely diluted, usually 1 to 1,000.

THE permanent committee of the International Congress for Industrial Accidents and Professional Diseases, which has not held a session since 1912, was reconstituted at a meeting in Amsterdam on December 21st, 1924. Sir Thomas Oliver (England) and Dr. Kaufmann (Switzerland) were elected honorary presidents. The next congress will be held in Amsterdam on September 7th, 1925. An English committee is being formed under the presidency of Sir Thomas Oliver. Further particulars can be obtained from the honorary secretary of this committee, Dr. H. S. N. Menko, 2, Grosvenor Gardens, Cricklewood, N.W.2.

THE late Dr. T. Sydney Short of Birmingham left estate of the gross value of £45,861, with net personalty £42,691.

THE eighteenth French Medical Congress will be held at Nancy from July 16th to 19th, 1925. Professor Simon of Nancy is the president, and Professor Dr. G. Etienne of Nancy the general secretary. The three principal subjects for discussion are: angina pectoris, introduced by Dr. Gallavardin and Professor Richon; acidosis, introduced by Professor Labbe, Dr. Nepveux, Professor Petren of Sweden, and Dr. Dautrebande of Brussels; and pulmonary gangrene, introduced by Professors Bezançon, de Jong, Parisot, and Caussade. In connexion with this congress arrangements are being made to visit Metz, the Grand-Couronne, and other places of interest in the neighbourhood. Inquiries should be addressed to the secretary, 32, Faubourg Saint-Jean, Nancy.

A CONFERENCE on congenital syphilis organized by the French National League for Combating the Venereal Peril will be held in Paris, under the presidency of Professor Jeanselme, at the beginning of October, 1925, immediately after the congress of French-speaking gynaecologists and obstetricians.

APART from numerous local journals in all the university centres, there are thirty-five medical journals in existence in Russia, almost all of which are published at Leningrad or Moscow.

THE Department of Biology, Georgetown University, Washington, D.C., announces that the commission for the distribution of the prize for cancer study founded by Dr. Sofie A. Nordhoff-Jung will in future be awarded every two years, and its amount will be 1,000 dollars. The next award will be made in 1926.

THE Scientific Press, Ltd., announces that the 1925 edition of *Burdett's Hospitals and Charities*, the Year Book of Philanthropy and the Hospital Annual, will be published this month. It provides an exhaustive record of charitable work during the past year, and is a reliable guide to British and Colonial hospitals and kindred institutions.

DR. MERCIER of Tours has been nominated professor of clinical medicine in the medical school there.

DR. MANUEL SÉRÉS, professor of descriptive anatomy, has been appointed dean of the medical faculty of Barcelona.