

past two months some enlargement of the veins over the front of the left chest had appeared, and the patient complained of some degree of breathlessness and of pain in the chest.

When I examined her I found three hard nodules, as Dr. Bromley had observed. These were each about half an inch in diameter, were situated beneath the skin, and were not fixed either to the skin or to the deeper parts. These nodules were each close to the operation scar and were separated from one another by about an inch and a half. The front of the chest to the inner side of the scar was somewhat prominent, and a few dilated veins were to be seen. There was also some degree of dullness on percussion over the prominent area. The patient was rather breathless and looked ill, but not extremely so. She, however, died the same night.

There can be no reasonable doubt that the superficial nodules were carcinomatous, and that they had appeared quite recently, for Dr. Bromley was satisfied that they were not present much more than two months before my examination. There was certainly also a growth in the mediastinum, which had probably been present for some time, and which presumably caused the patient's death.

In spite of the interval of no less than thirty-one years there can be little doubt that the subcutaneous nodules and the mediastinal growth were directly connected with the original growth in the breast, and, if this is so, it would appear that carcinoma cells may lay dormant in the tissues for a period of upwards of thirty years, and for all this time give no sign, and then simultaneously, in at least four separate and distinct sites, once more become active.

What was the exciting cause of this fresh outburst of activity? Whatever it was, apparently it must have been general rather than local, otherwise the fact of four separate and independent foci becoming active at the same time cannot be explained, for, as regards the three subcutaneous nodules, as has already been mentioned, these were separated from one another by apparently healthy subcutaneous tissue, and were, moreover, all of practically the same size, and hence began to grow at the same time.

DIAGNOSTIC VALUE OF THE SUGAR CONTENT OF THE CEREBRO-SPINAL FLUID IN ENCEPHALITIS LETHARGICA.

BY

H. A. COOKSON, M.B., CH.B., F.R.C.S.ED.,
PATHOLOGIST AND BACTERIOLOGIST, ROYAL INFIRMARY, SUNDERLAND.

So far back as 1917 it was observed by von Economo that the sugar content of the cerebro-spinal fluid was increased in many, if not in all, cases of encephalitis lethargica. During the past year I have examined a series of specimens of cerebro-spinal fluid withdrawn from patients provisionally diagnosed as suffering from encephalitis lethargica, and in all cases in which this diagnosis was finally confirmed the sugar content of the fluid was found to be increased.

The method employed for the estimation of this sugar content was that advocated by Maclean¹ for the determination of the sugar content of the blood: it was found to be satisfactory in over a hundred examinations of cerebro-spinal fluid in addition to those recorded in the accompanying table. By this method the figure for apparently healthy fluids was found to be within the range of 0.065 to 0.08 per cent., whilst, using Bang's microscopic method,² the average figure obtained was 0.072. Although it may be conceded that the method of Bang or Folin-Wu, or again the modification of the Benedict-Osterberg procedure used by Alpers³ and others, would have given more accurate results, yet Maclean's method is nowadays so well known to many general practitioners, owing to the modern discoveries in connexion with the diagnosis and treatment of diabetes, and can be so easily performed with a reasonable degree of accuracy, that any considerable departure from the normal is readily appreciated.

It will be observed from examination of the accompanying table that in almost every case finally diagnosed as encephalitis lethargica the sugar content was definitely

increased above the normal, and that in no instance was there any diminution. Increased sugar values occur undoubtedly in certain other diseases, yet the absence of a decrease is, I think, a valuable point in diagnosing this condition from the group of other meningeal diseases, especially from tuberculous meningitis. The failure of 1 c.cm. of cerebro-spinal fluid to reduce 0.25 c.cm. of Fehling's solution would also probably be of value as a criterion in cases in which an estimation of the amount of sugar present was impracticable. Such a procedure, by excluding encephalitis lethargica, should be of considerable utility, whilst the indication in this way of a definite increase in the sugar content would go far towards establishing a positive diagnosis.

Table showing Sugar Content (percentages) of the Cerebro-spinal Fluid in Encephalitis Lethargica and Simular Diseases. (The initials are those of the patients examined.)

Encephalitis lethargica.		Other meningeal infections.	
S. A.	0.131	E. El.	0.056
M. R.	0.112	H. W. T.	0.062
E. H.	0.116	R.	0.047
P. R.	0.100	A. B.	0.041
W. D.	0.101	N. Ro.	0.067
B.	0.125	X.	0.046
R. S.	0.135	M.	0.062
I. N.	0.130	Average sugar content=0.054	
M. G.	0.110	Other conditions clinically like encephalitis lethargica.	
T. O.	0.100	R. A.	0.080
C. B.	0.125	S.	0.078
W.	0.118	E. J.	0.074
M. H.	0.100	S. B.	0.081
F. G.	0.096	I. N.	0.0 2
M. K.	0.081	C. H.	0.075
Average sugar content=0.112		G. G.	0.100
Tuberculous meningitis.		Average sugar content=0.080	
S. A. N.	0.052	* Uraemia case.	
E. A.	0.042		
L. W.	0.064		
M. D.	0.042		
Average sugar content=0.050			

In nearly every case of encephalitis lethargica in the series the eye sign described by Thorp⁴ was present—a valuable diagnostic point.

REFERENCES.

¹ Maclean: *Modern Methods in the Diagnosis and Treatment of Glycosuria and Diabetes*. ² H. Kabler: *Wien. klin. Woch.*, 35, 8, 1922. ³ Alpers et al.: *Arch. Neurol. and Psych.*, June, 1924, vol. ii, No. 6. ⁴ Thorp: *BRITISH MEDICAL JOURNAL*, 1921, vol. ii, p. 508.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

THROMBO-ANGIITIS OBLITERANS.

IN view of the recent article on thrombo-angiitis obliterans, by Telford and Stopford (*BRITISH MEDICAL JOURNAL*, December 6th, 1924, p. 1035), the following case is of interest.

A carter (British), aged 43, had been subject for twelve months to pain in the right calf and foot after walking; the pain subsided on resting, but returned on further exercise. The condition was worse in cold weather. He first noticed change in the colour of his toes seven weeks prior to admission to hospital; there was no history of injury to the foot.

Examination revealed dry gangrene of the third toe and part of the adjacent toes, the gangrene extending half-way up the dorsum of the foot. Palpation revealed pulsation in the femoral artery, extending to the apex of Scarpa's triangle; elsewhere in the limb no pulsation could be detected. Cutaneous sensation of the right foot was impaired, and there was marked wasting of the muscles of both lower limbs. There was slight oedema of the left foot. His general condition was good; nothing abnormal was detected in heart, lungs, or urine; the Wassermann reaction was negative.

A supracondylar amputation was performed. The tissues of the stump were rather anaemic; haemorrhage was practically absent; the popliteal artery was occluded by clot and was closely adherent to the surrounding tissues. Further dissection showed thrombosis of the anterior and posterior tibial vessels.

Microscopical examination yielded findings similar to those recorded in the paper referred to.

My thanks are due to Dr. J. F. Hodgson for permission to publish this case.

H. JAFFÉ, M.R.C.S.,
House-Surgeon, Royal Halifax Infirmary.

A CASE OF LEONTIASIS OSSEA.

THE history of the case is as follows: In September, 1918, a youth, aged 18, serving in the Royal Navy, fell on the left side of his face across a 12-pounder cannon; although he had pain in his jaw he did not go off duty. About a month later he had a fight with another sailor, and was hit on the jaw. He states that his jaw "felt loose" for about a week afterwards, otherwise he was in perfect health. He was demobilized in February, 1919, and on returning home his mother noticed that the left side of his jaw was slightly swollen. In 1921 he observed slight enlargement of both nasal bones.

I saw him for the first time in January, 1924. The bony protuberances in the left side of the mandible and in both nasal bones were well marked. About March a small growth of bone started on the right side of the mandible, and the patient had considerable pain in that region. I sent him to Mr. Bernard Goodwin, F.R.C.S., in October, who diagnosed leontiasis ossea. In November, 1924, the patient had several attacks of severe paroxysmal pain over the left side of the face.



Leontiasis ossea was first recognized by Virchow, and is characterized by hyperostosis of the facial and cranial bones. The pathology of the disease is unknown, though probably inflammatory in nature.

The onset is, as a rule, noticed in early life, from the tenth to the thirteenth year. The chief feature is the formation of masses of new bone on the jaws; in addition to causing deformity it may interfere with sight, smell, and the movements of the jaws. The disease is of long duration, lasting twenty to thirty years, and no treatment has proved of the slightest use. A somewhat similar affection is said to occur in monkeys.

DUDLEY GILL, M.B., D.P.H., M.R.C.S.

West Bromwich.

CREOSOTE IN INFLUENZAL PNEUMONIA, CHRONIC INFLUENZA, AND ENCEPHALITIS LETHARGICA.

IN February, 1922, a note of mine on the treatment of pneumonia with creosote was published in the *BRITISH MEDICAL JOURNAL*, in which I suggested that the dose of potassium iodide usually prescribed—namely, 10 grains—was too great, and advocated the following creosote and ammonia mixture:

R. Creosot.	...	...	...	...	m v
Pot. iod.	...	...	...	...	gr. ij
Sp. ammon. co.	}	...	...	...	āā ʒss
Sp. rectificat.					
Ext. glycyrrhizae liq.					
Aq. chloroformi	...	...	...	...	ad ʒj

To be given every four hours.

The potassium iodide is to be omitted in the case of patients with profuse expectoration, and not more than 2 oz. of brandy, if any, need be given in addition.

Creosote has long been used for pulmonary conditions, such as tuberculosis, and we used to give it in capsules with an expectorant mixture. Whether it is of use in early cases of phthisis I do not know, for there are cases of unresolved influenzal pneumonia, or chronic influenza as we might call them, which rapidly yield to treatment with the mist. creosoti cum ammonia, and which are very liable to be mistaken for phthisis. One of my patients was, I believe, having open-air treatment for tuberculosis. He had some consolidation at the right apex and slight fever, and he rapidly recovered on being put to bed and treated with this mixture. Another was a young woman at an institution for mental defectives, who had signs suggesting a diffuse tuberculous bronchopneumonia; she had had irregular fever for over a month, and her temperature fell to normal in about three days.

I do not know whether creosote has been used for early cases of encephalitis lethargica, which is supposed to have some connexion with influenza, but it has been given intramuscularly for leprosy (*BRITISH MEDICAL JOURNAL*, *Epitome*, April 19th, 1924, para. 323).

London, N.W.3.

R. RAMSDEN WADE, M.D., B.Ch.Oxon.

CURE OF PRURITUS SENILIS BY THE USE OF A FLESH BRUSH.

ABOUT twenty years ago I noted in a French medical journal a letter on the value of flesh brushing in pruritus senilis. I happened to know at the time of the matron of a large nursing home who had for several years suffered severely from an intense and intractable pruritus senilis. I suggested she should try this treatment; its success was perfect: it gave immediate relief, and after a few weeks she was able to stop the treatment for intervals of many weeks. She was able to continue her work for several years afterwards.

It was long before I had another case; but it was attended by similar success. Since then it has been my sheet anchor in the treatment of this trouble. I have had a few failures, but they form only a small fraction of all the cases. The following quotation from a letter of a retired medical man is typical of what patients think of the treatment:

"After years of suffering and elaborate treatments this simple method has completely cured my wife. The simplicity of the treatment and the perfect cure can only be compared with the dipping in the river Jordan."

The treatment is as follows:

A brush resembling an ordinary bath brush but with soft bristles (a little stiffer than the bristles of a baby's hair brush) is used. The whole skin is thoroughly brushed down with it in a warm room every night, and later also in the morning if necessary. A large quantity of a whitish powder is removed from the skin. This powder consists mainly of horny epithelium. If the somewhat thinned skin of an elderly person with general pruritus is examined with a lens small refractive areas are seen glistening over the surface. Some of these may be semi-detached as a scale, others with edges separating and tilted up; the majority are flat and almost adherent. Fibres of the underclothing entangle these scales and the sense of itching is excited. The flesh brush removes the scales and cures the patient.

I do not know of any textbook in which this treatment is described. I have personally described it to many colleagues, who report to me its successes, and am publishing this note in the hope that it will prove of equal value to others as it has been to me in the treatment of these distressing if not serious cases.

A. WINKELRIED WILLIAMS, M.B., C.M., D.P.H.,
Brighton. Dermatologist, Royal Sussex County Hospital, etc.

POISONING BY BITTERSWEET (*SOLANUM DULCAMARA*).

A BOY, aged 8, was brought to us with a history of having eaten deadly nightshade berries ten minutes previously. There were no symptoms, eye or otherwise, to be noted, but the child was in a condition of nervous fright, owing to the disturbed frame of mind of his relatives. After the administration of ipecacuanha wine, and tickling the throat with a feather, a moderate amount of vomit was returned, mixed with what looked like broken-up raspberries. We obtained the plant next morning, with green and ripe red berries, and forwarded it to Kew Gardens. The Director of the Royal Botanic Gardens most kindly furnished the following report.

Poisonous Properties.

The plant contains the alkaloid solanin with a hot, bitter taste, dulcamarin a bitter principle, and the alkaloids solanidin and solanin.

Chestnut says with reference to this plant: The berry, though its taste is not remarkably disagreeable, is somewhat poisonous, and it has been shown that an extract of the leaves is moderately so. The plant has nevertheless caused some ill effect.

According to Schimpfky the berries have been used to poison dogs, and the juice of the fruit acts as a poison to rabbits.

Fluckiger and Hanbury, in their *Pharmacographia*, make this statement with reference to dulcamara: Dulcamara is occasionally given in the form of decoction, in rheumatic or cutaneous affections; but its real action, according to Garrod, is unknown. This physician remarks that it does not dilate the pupil or produce dryness of the throat like belladonna, henbane, or stramonium. He has given a patient three pints of the decoction per diem without any marked action, and has also administered as much as half a pound of the fresh berries with no ill effect.

Johnson, in his *Medical Botany of North America*, refers to the use of the plant as follows: Bittersweet, in full doses, produces a certain amount of cerebral disturbance of a narcotic character, together with dryness of the throat, and sometimes an erythematous eruption of the skin, with a tendency to diaphoresis. It has been employed with benefit in a variety of cutaneous eruptions, in muscular rheumatism, and in chronic bronchial and pulmonary affections.

Lelmann states that it is a narcotic poison when given in large doses, even causing death in rabbits.

It will be seen from the above quotations that the plant is not a violent poison, and yet ill effects are probably produced by it under some conditions.

JOHN REID, M.D., D.P.H.

Ashford, Middlesex.

JOHN KENNEDY, M.B., F.R.C.S.I.

Reports of Societies.

THE CINCHONA ALKALOIDS IN MALARIA.

A MEETING of the Royal Society of Tropical Medicine and Hygiene was held on January 15th; the President, Sir PERCY BASSETT-SMITH, K.C.B., was in the chair. Lieut.-Colonel A. T. GAGE, C.I.E., I.M.S., librarian of the Linnean Society, read a paper entitled "A note from a cultural and commercial point of view on the use of cinchona alkaloids in the treatment of malaria."

Colonel Gage opened with an account of the commercial history of the production of cinchona bark and of cinchona alkaloids. The therapeutic properties of cinchona bark were discovered in 1638, and the reckless exploitation of the native trees led within a century to a shortness of supply of *Cinchona officinalis* in the Loja region of Ecuador, which was the original source of bark. Other sources of bark along the chain of the Andes were sought, but all valuable species tended to be rapidly exterminated by the native collectors. By the middle of the nineteenth century there was a serious shortage of bark, and the British and Dutch governments were compelled to introduce the cultivation of cinchona into their eastern dominions. Plantations were started in India early in the sixties of last century, but the trees cultivated were chiefly *C. succirubra*, a species of which the bark was poor in quinine but relatively rich in cinchonine and cinchonidine. By this date, however, quinine was in far greater demand in medical practice than were the bark preparations, and hence the serious shortage of quinine continued. The Secretary of State for India therefore ordered in 1865 that medical commissions should be appointed to determine the relative therapeutic efficiency of quinine as compared with the other cinchona alkaloids. The Madras Commission observed the results of treatment of about 3,600 cases, and concluded that ordinary quinine sulphate, chemically pure quinine sulphate, and quinidine sulphate possessed equal febrifugal power; that cinchonidine sulphate was only slightly less efficacious, and that cinchonine sulphate, though considerably inferior to the other alkaloids, was, notwithstanding, a valuable remedial agent in fever. Practically similar conclusions were reported by the other two commissions. These reports resulted in semi-official encouragement being given to the use of the alkaloids other than quinine, with the idea of substituting a cheaper product for the more expensive one. The inevitable consequence followed: the other alkaloids soared in price, and by 1875 had become more expensive than quinine. A policy of using mixed alkaloids was therefore adopted, and in 1874 cinchona febrifuge, a mixture of the total alkaloids of *C. succirubra*, began to be manufactured, and from then till 1887 was the sole product of the Indian factories. The policy of replacing *C. succirubra* on the plantations by species yielding higher quantities of quinine had been adopted, but it was not until 1887 that it was possible to manufacture quinine in India. Meanwhile the vast extension of cinchona cultivation in Java, India, and Ceylon had resulted in a production of quinine, not indeed adequate to the world's real need for it, but far in excess of the commercial demand. The price of quinine fell from £1 an ounce in 1878 to less than £1 a pound in 1890. This huge fall in the price of quinine almost killed the demand for the less attractive cinchona

febrifuge. The annual sale of the latter from the Bengal factory fell from 11,000 lb. in 1881 to a little over 1,600 lb. in 1912. Meanwhile the constitution of the cinchona febrifuge had been altered; before 1903 it represented the mixed alkaloids of *C. succirubra*, but after this date it represented a mixture of the residual alkaloids remaining after extraction of quinine from the barks of *C. ledgeriana* and its hybrid with *C. succirubra*, a certain amount of quinine being added to make it approximately similar to the original cinchona febrifuge. In 1913 an agreement was reached between cinchona planters to limit the supplies of bark, but the whole situation was changed by the war, which increased enormously the demand for quinine and forced up prices. This rise in price led to an increased demand for cinchona febrifuge.

The problem to-day was twofold. There was a relatively small population exposed to malaria and wealthy enough to pay for the best possible antimalarial remedy. On the other hand, there were large populations living in extreme poverty which were continuously exposed to malarial infections; for the relief of these the essential problem was to supply the greatest amount of efficient drug at the cheapest possible price. This latter class included the overwhelming majority of sufferers from malaria. About 90 per cent. of the world's supply of quinine came from Java, and was the product almost exclusively of *C. ledgeriana* and its hybrid with *C. succirubra*; these trees, moreover, were steadily replacing other species in India. In these two species quinine amounted to about one-half of the total alkaloids, and therefore quinine was much the most abundant cinchona alkaloid available. The other alkaloids at present might be cheaper, but their price would rise rapidly as soon as there was an increased demand. Any attempt to replace quinine by other alkaloids on a large scale would lead to serious economic consequences, for the supply of the alternative alkaloids would remain completely inadequate for many years until the cinchona plantations could be re-organized to meet the new demand. There was no reason, however, why the use of quinine should not be supplemented, and this might be effected by reverting to the cultivation of *C. succirubra*, and using its mixed alkaloids to form the original cinchona febrifuge. This species was robust, and yielded more bark than other species. If the alleviative campaign against malaria was to be continued and extended on a scale commensurate with the widespread foci of disease, two things seemed desirable: a much greater supply of therapeutic munitions at a much cheaper rate than at present available, and a great development of arrangements for placing those munitions within easy reach of the attacked.

Lieut.-Colonel CLAYTON A. LANE, I.M.S. (ret.), read a paper on certain aspects of the use of cinchona and its alkaloids in the treatment of malaria. He discussed the known facts concerning the absorption, distribution in the body, destruction, and excretion of quinine, and pointed out that they were completely ignorant of the way in which quinine caused the disappearance of malaria parasites from the blood. This action might be produced by quinine or by some metabolite of quinine. It was generally assumed that the action was exerted on the parasite in the extracorporeal stage, but no real evidence existed for this assumption. The recent work of Rieux tended to prove that quinine acts on the parasite in the intracorporeal stage. Their present ignorance of the elementary pharmacological facts as to the mode of action of quinine upon malarial parasites in the blood was a serious handicap, for such knowledge was essential in order to work out the most efficient method of administering the drug. As regards the choice of preparation of quinine for oral administration, it appeared that insoluble salts were absorbed as rapidly as soluble salts. There was a general belief that many varieties of tablets failed to disintegrate in the alimentary canal, and French writers had suggested that the sugar coating was in some way responsible for this insolubility. The value of intramuscular injections was a very vexed question. MacGilchrist's experiments on animals had proved that intramuscular injections caused a certain amount of destruction of muscle tissue, but clinical reports differed very greatly. The work of Seguin upon cases of general paralysis infected with malaria showed that it was

Obituary.

CLEMENT DUKES, M.D., F.R.C.P., M.R.C.S.,
Consulting Physician to Rugby School.

We regret to announce that Dr. Clement Dukes died at his residence in Rugby on January 18th, at the age of 79. The son of the Rev. Clement Dukes, he was born in London in 1845, and became a student at St. Thomas's Hospital. He obtained the M.R.C.S. diploma in 1867; in 1869 he graduated M.B., B.S.Lond., with honours and a gold medal, and proceeded M.D. in 1876. After holding appointments at St. Thomas's Hospital, Great Ormond Street Hospital, the City Chest Hospital, and Moorfields Ophthalmic Hospital, he succeeded Dr. Farquharson as medical officer of Rugby School in 1871, and served under four head masters. When he retired from this post in 1908 he was appointed consulting physician to the school. During those thirty-seven years he acquired a world-wide reputation as a pioneer in promoting the health of public schoolboys, and as an authority on the hygiene of adolescence. His book *Health at School* is now in its fourth edition, and his *Essentials of School Diet* in its second edition. He also contributed articles on school health to *Morris's Book of Health*, and on the hygiene of youth to *Allbutt's System of Medicine*.

Dr. Dukes also won a well deserved reputation as a specialist in skin diseases. He contributed articles on scarlet fever and rubella to the *Encyclopaedia of Medicine*, and in 1900 he published in the *Lancet* an article entitled "On the confusion of two diseases under the name of rubella (rose rash)." In this article he suggested that under the term "rubella" two etiologically and pathologically distinct infections were included. To the new disease thus brought to light he attached the title "the fourth disease," in consequence of its resemblance to scarlet fever, measles, and r6theln. His conclusions attracted wide interest and were the subject of much discussion. He was awarded the Howard medal of the Royal Statistical Society in 1884; in 1911 he obtained the Bisset-Hawkins medal of the Royal College of Physicians, and he received the silver medal of the French Society of Hygiene. His other offices included those of justice of the peace for the county of Warwick, honorary consulting physician to the Hospital of St. Cross, medical referee to the Workmen's Compensation and Mental Deficiency Acts, and he had held the rank of surgeon colonel (V.D.) of the South Midland Brigade and the 2nd Volunteer Battalion of the Royal Warwickshire Regiment. He was chairman of the Northamptonshire Division of the British Medical Association in 1906, and president of the South Midland Branch in 1912.

Dr. NOEL STUART WHITTON died at his residence, Clyde Road, Fendalton, Christchurch, N.Z., on November 28th, 1924, after an illness of ten days' duration. He was born in Oamaru, N.Z., on December 9th, 1890. He was educated at Waitaki High School, and subsequently at Otago University, where he graduated M.B., Ch.B. in 1915. After spending a few months as house-surgeon at Hamilton Hospital he came to England, where he joined the R.A.M.C. In October of the same year he went to France as surgeon to the 9th Sussex Regiment. In France he was present at the battle of Loos and several subsequent engagements. He gained the Military Cross and was twice mentioned in dispatches. Subsequently he served in Mesopotamia and Palestine. He returned to New Zealand at the conclusion of peace, and joined the staff of the Christchurch Hospital as house-surgeon. A year later he again went to London for a post-graduate course; on his return to New Zealand he was appointed assistant surgeon to the Christchurch Hospital in the ear, nose, and throat department. In 1922 he married Miss Enid Taylor. He leaves a widow and one son. He was a member of the Canterbury Division of the British Medical Association.

We regret to record the sudden death, on January 10th, of Dr. PHILIP PREBBLE, a much respected Lancashire practitioner. He was a native of Blackburn, and studied medicine at the Universities of Aberdeen and Manchester. He

graduated M.B., C.M.Aberd. in 1895, and soon afterwards returned to Blackburn. He was physician to the Blackburn and East Lancashire Royal Infirmary and medical officer and public vaccinator for the third district of the Blackburn Union. Dr. Prebble had shown great interest in the work of the British Medical Association, which he joined immediately after graduation. He was a member of the Lancashire and Cheshire Branch Council for 1907-13 and from 1917 to 1923, the representative of the Division in the Representative Body for 1910-12 and again for 1919-23, and chairman of the Blackburn Division in 1914. He was also the representative of the town council on the Blackburn Insurance Committee. At the meeting of the Blackburn Insurance Committee on January 13th a vote of condolence with the relatives was passed. The funeral, which took place at Mellor on January 15th, was attended by many members of the profession and of representatives of the various bodies with which Dr. Prebble had been associated.

Medico-Legal.

REX v. BATEMAN.

AN application for leave to appeal has been lodged in the case of *Rex v. Bateman*, one of the grounds being misdirection of the jury by the judge. The hearing will take place in a fortnight's time.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on January 16th the following medical degrees were conferred:

M.D.—G. W. Theobald.
M.CHIR.—E. P. Brockman.
M.B., B.CHIR.—J. B. Leather, A. A. Lees, L. V. Snowman.
M.B.—H. W. H. Holmes.
B.CHIR.—J. Gray.

* Admitted by proxy.

UNIVERSITY OF GLASGOW.

At the meeting of the Glasgow University Court on January 8th the Principal, Sir Donald MacAlister, announced that Mr. Lawrence MacBrayne had offered to found three scholarships, one each in engineering, medicine, and pure science. The scholarship in medicine is to be known as the Robine Eckford MacBrayne Scholarship in Medicine, and will be of the value of £50 per annum, tenable for three years; it will be competed for in 1925. It was also announced that Mr. MacBrayne had intimated his intention to give a donation of £1,250 to the Royal Infirmary for the endowment of a bed in the Infirmary in memory of his son, Lieutenant John Burns MacBrayne, 17th Highland Light Infantry, who was killed in the war.

UNIVERSITY OF ST. ANDREWS.

A GRADUATION ceremonial was held at St. Andrews on January 16th, when the following degrees and diplomas were conferred:

M.D.—L. H. Henderson, J. Singh.
CH.M.—T. J. Mitchell.
PH.D. (*Faculty of Medicine*).—G. R. Ross.
M.B., CH.B.—Ethel A. Adamson, M. L. Abuja, B. W. C. Archer, C. B. Armit, Margaret L. Buist, W. R. C. Campbell, Winifred D. Cargill, A. F. D. Carrie, Janie S. Conway, D. B. Ferens, H. J. Fraser, D. B. Gillies, J. S. Gurawara, Margaret K. Heron, A. K. McCowan, F. D. MacGill, J. F. M'Hugh, S. R. M. M'ckay, H. M'Leish, A. D. F. Menzies, Dorothy L. Millar, Katharine MacD. Morison, A. R. Munro, D. B. Smith, D. Stewart, Annie H. Surachan, E. A. Struthers, Laura W. Webster.
D.P.H.—A. J. Campbell, G. G. Buchanan, W. M. Cumming, Olive M. Whyte.

The Services.

NAVAL MEDICAL COMPASSIONATE FUND.

At the quarterly meeting of the directors of the Naval Medical Compassionate Fund, held on January 20th, when Surgeon Vice-Admiral Joseph Chambers, C.B., C.M.G., Medical Director-General of the Navy, was in the chair, the sum of £60 was distributed among the several applicants.

DEATHS IN THE SERVICES.

Lieut.-Colonel Louis William Swabey, R.A.M.C. (ret.), died at Bath on January 10th, aged 68. He was born in Canada, and was the son of the late Rev. Henry Birchfield Swabey. He was educated at St. George's, and took the M.R.C.S. in 1879 and the L.R.C.P.Ed. in 1880. He entered the army as surgeon on February 5th, 1881, became lieutenant-colonel after twenty years' service, and retired on February 5th, 1911. He served in the Egyptian war of 1882, receiving the medal and the Khedive's bronze star, and in the Sudan campaign of 1885, at Suakin, receiving a clasp. He also rejoined for service in the late war, from August 15th, 1914.

Medical News.

A MOORFIELDS Research Scholarship, value £50 per annum, tenable for one year, but renewable for a further period of twelve months, has been initiated by the Medical Board of the Moorfields Eye Hospital, City Road, E.C.1, as a continuation of the Lang Clinical Research Scholarship at the hospital, which has now lapsed. Applications, and if possible suggested subjects for research, should be sent to the Honorary Secretary, Medical Board, at the hospital by January 31st.

WITH the view of encouraging original research in sanitary science the Grocers' Company offers scholarships, each of £300 a year, tenable for one year, but renewable for a second or third year. An allowance is also made to meet the cost of apparatus and other expenses in connexion with the work. Applications to be sent before April 1st to the Clerk of the Grocers' Company, Grocers' Hall, E.C.2, from whom forms of application and further particulars can be obtained.

THE Fellowship of Medicine announces that Sir Humphry Rolleston will deliver a lecture on the medical aspects of gall stones, on January 30th, at the Royal Society of Medicine, at 5.30 p.m. A combined course in diseases of children has been arranged by the Paddington Green Hospital, the Victoria Hospital, and the Children's Clinic, to begin on February 2nd. A four weeks' course, starting on February 2nd, will be held at St. John's Hospital for Diseases of the Skin. A comprehensive course at the London Lock Hospital will extend from February 2nd to 26th. Eight clinical demonstrations on tropical diseases will be given twice a week at the School of Tropical Medicine by Dr. Low and Dr. Manson-Bahr from February 3rd. The course in gynaecology at the Chelsea Hospital for Women, due to begin on February 2nd, has been postponed until March 16th. Copies of the syllabus of the above courses and the *Bulletin* of the Fellowship may be obtained on application to the secretary at No. 1, Wimpole Street, W.1.

THE North-East London Post-Graduate College is holding a special intensive post-graduate course from February 16th to 28th. The course will include demonstrations of clinical and laboratory methods used in the diagnosis or treatment of disease, and afternoon demonstrations of groups of selected cases, clinics in the wards and out-patient departments, and, at 4.30, a clinical lecture. The lecturers will be Mr. James Sherren, Dr. H. W. Barber, Dr. P. Manson-Bahr, Mr. H. D. Gillies, and members of the teaching staff. On the Saturday mornings there will be demonstrations on the early diagnosis of the infectious fevers, at the North-Eastern Fever Hospital, by Dr. F. Thomson, and on mental diseases, at the L.C.C. Mental Hospital, New Southgate, N., by Dr. S. J. Gillfillan. The fee for the course is 3 guineas, or 2 guineas for either week. Names should be sent to the Secretary of the Fellowship of Medicine (1, Wimpole Street, W.1), or to the Dean, Dr. A. J. Whiting (19a, Cavendish Square, W.1), by February 13th.

THE anniversary dinner of the Medical Society of London will be held at the Grand Hotel, Trafalgar Square, on Wednesday, March 11th, at 7.30 p.m.

A MEETING of the section of the Royal Microscopical Society formed to deal with the industrial applications of the microscope will be held at the house of the Society (20, Hanover Square, W.1) on Wednesday next at 7.30 p.m., when Professor R. Stenhouse Williams, M.B., will preside and deliver an introductory address on the fundamental importance of the microscope to the dairying industry. A series of communications bearing on the general subject will be made.

THE next meeting of the North-Western Tuberculosis Society will be held on Thursday, January 29th, at 3.15 p.m., at the Public Health Laboratory, York Place, Manchester, when Professor Topley will read a paper on infection and resistance in tuberculosis. Medical practitioners interested are invited to attend.

THE Red Cross Society of Russia announces that the third All-Russian Congress on Malaria will be held in Moscow, from February 3rd to 8th next. The questions to be considered include the transmission and epidemiology of malaria; the fight against malaria in Russia; and various scientific questions relating to malarial research. Inquiries should be addressed to the Sanitary Epidemiological Department, Narkomsdrav Moscow, Maly Tcherkassky Pereulok, Moscow.

MESSRS. OGILVY AND CO., scientific instrument makers, have removed their offices to 20, Mortimer Street, London, W.1, where special arrangements have been made for the demonstration of instruments.

THE income from all sources of the Metropolitan Hospital Saturday Fund for 1924 showed an increase of over £6,000 on the previous year's total of £100,765. The business house, workshop, and factory collection amounted to £79,583.

THE subject of the four lectures on physics to be given at Gresham College, Basinghall Street, London, E.C.2, by Sir Robert Armstrong-Jones during this term is the bodily senses and their mental representation. The lectures will be given on Tuesday, Wednesday, Thursday, and Friday next week at 6 p.m. on each day. Admission is free.

DR. J. WRIGHT HILL of North Woolwich, on the occasion of his retirement, has received from his friends and patients in the district a wireless set and other gifts in appreciation of his services during the past thirty-eight years.

THE Chapter-General of the Grand Priory of the Order of St. John of Jerusalem in England has authorized the publication of a summary of the more important activities of the Order in connexion with the Wembley Exhibition. An account is given of the investiture by the King in June, the annual general assembly, the annual commemoration service, and the conference of overseas representatives, which were held on the previous day. The publication is illustrated by photographs and an etching of St. John's Gate, Clerkenwell, by Mr. W. Monk; and includes a short article on first aid at the British Empire Exhibition, and a summary of an article dealing with the history of the Order, which appeared in the *Times* in connexion with these events. The publication can be obtained from the Chancery of the Order, St. John's Gate, Clerkenwell.

WE are asked to announce that the sixteenth international course of lectures on medicine will be held in Vienna, from February 9th to 21st, and will deal with the diseases of the digestive organs and their therapeutics. A special course of clinical work will follow from February 23rd to 28th. Inquiries should be addressed to the secretary, Dr. Kronfeld, Wien IX, Porzellangasse 22.

THE December issue of the *Revue d'Hygiène* is devoted to the proceedings of the eleventh French Congress of Hygiene, held in Paris from October 21st to 24th, 1924, when papers were read by Dr. E. Dufestel on instruction in hygiene in elementary schools, by Dr. F. Humbert on the part played by the Red Cross in the teaching of hygiene in various countries, by Dr. Salmon on public health in England, by Dr. Montreuil-Strauss on instruction in sex hygiene, and by Dr. P. Kovindjy on the role of the doctor in physical education.

Letters, Notes, and Answers.

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

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

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.2. 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.

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.

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

EDITOR of the BRITISH MEDICAL JOURNAL, *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.

STRUCTURE AND COST OF A TEMPORARY WARD.

"W. A. M." writes: A cottage hospital is being built, but the scheme proposed cannot now be carried out owing to the lack of funds. The hospital consists of one floor only, and the addition of a children's ward would make the building complete. "W. A. M." asks for advice as to the best form of construction for a temporary ward for six beds, and a rough estimate of the cost.

TREATMENT OF TUBERCULOUS MESENTERIC GLANDS.

"P." asks for information as to the action of ultra-violet rays or injections of sodium morrhuate on tuberculous mesenteric glands.