

instances these cysts are due to the rupture of an ovarian dermoid, and some of the cells scattered about the abdominal cavity have engrafted themselves on the peritoneum, and formed independent cysts. Quite apart from cysts arising in this way, teratoid cysts do arise independently between the layers of the mesentery, the omentum, and the folds of peritoneum connected with the caecum, colon, and rectum, as well as the omentum. Most of the reported cases occurred in children and adolescents,

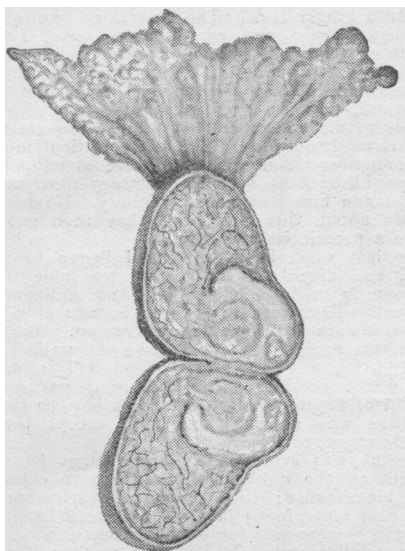


FIG. 2.—The teratoma cut across (two-thirds size), showing the hard part (opaque to the x rays) and the cystic part containing grease and hair.

especially females. As a rule the cyst contents are grease and hair, but some are more complex and contain bone, cartilage, muscular and nerve tissue."

"It is impossible to recognize the nature of such cysts clinically. They seem to remain latent for a variable period, and then with dramatic suddenness cause acute abdominal pain simulating peritonitis, or intestinal obstruction. Some never cause trouble and are found accidentally at a post-mortem examination."

These intra-abdominal embryomata, though quite rare, are well known. They are probably connected in some way with the development of the genital glands, and the position of this one in the immediate neighbourhood of the left ovary suggests that it was developed from a primordial cell isolated from the developing ovary.

The special interest of the present case lay in the anatomical connexions of the tumour, which produced a train of symptoms suggestive of disease of the urinary tract.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### DIAPHRAGMATIC HERNIA AFTER BULLET WOUND OF CHEST.

THE following case is interesting, not only from a pathological standpoint, but is worthy of comment as emphasizing the possibility of late sequelae in war pensioners who have received gunshot wounds of the chest.

W. J., aged 35, received a gunshot wound in the chest a fortnight before the armistice. The bullet (which was not removed) entered the back of the left side of the chest, approximately 4 in. below the inferior angle of the left scapula and  $2\frac{1}{2}$  in. from the middle line.

I was called to see him on the evening of March 2nd, 1924—approximately five and a half years after he had been wounded. He had been taken ill that afternoon with retching and recurrent attacks of vomiting, associated with colicky pain all over the abdomen. The condition did not subside, but continued till the following day, when it was obvious that he was suffering from acute intestinal obstruction.

He was admitted to Ulverston Cottage Hospital, and, approximately twenty-four hours after the onset of the illness, I explored the abdomen by an incision below the umbilicus, splitting the right rectus. The caecum, distended to the calibre of an adult fist, presented itself at the wound. The distended gut was traced along the colon, as far as the region of the splenic flexure, where it appeared to vanish. The descending colon was collapsed. With the arm in the abdominal cavity up to the elbow I was able to feel an acute kink in the region of the splenic flexure. The apex of the kink appeared to be firmly adherent to the diaphragm by strong cicatricial tissue, and the bowel to be enveloped by

tissue of a similar nature. As the patient's general condition was poor (he had had two or three faecal vomits just before the operation) I closed the abdomen and performed a temporary caecostomy.

Four weeks later the abdomen was reopened by a long paramedian incision, extending from the left costal margin to below the level of the umbilicus. The small intestine was packed off, and the area of the splenic flexure investigated. I was able to view the lesion. There was a fairly large diaphragmatic hernia, the sac containing the splenic flexure and the terminal part of the transverse colon. I was able to introduce two fingers into the sac externally to the gut. It was impossible to dislodge the contents of the hernia, as the gut was firmly adherent to the sac wall by thick bands of cicatricial tissue. At the fundus of the sac the scar tissue was most pronounced, and this may have been due to an encapsulated bullet, but I could not be certain of this.

To have attempted to reduce the hernia by breaking down adhesions would almost certainly have ruptured the diaphragm, and possibly also the pleura. Accordingly ileo-sigmoidostomy was performed and the abdomen closed.

Three weeks later the caecostomy opening was closed. Some leakage occurred about the seventh day after operation and the faecal fistula recurred. It was considered advisable to give the patient a period of rest to recuperate after the three operations before attempting to reclose the opening in the gut. Accordingly he was discharged from hospital, having been fitted with a suitable controlling belt.

Three months later he was admitted to the Ministry of Pensions Hospital, Liverpool, where the fistula was successfully closed. He is now fit and well, his bowels moving regularly *per vias naturales*.

There is nothing in the man's previous history of interest other than to state that for two years prior to onset of the illness he was particularly subject to flatulence. He had never been troubled with constipation. The case, therefore, was one of acute intestinal obstruction due to an irreducible diaphragmatic hernia of traumatic origin.

I must acknowledge the services of Mr. French of Birkenhead, who performed the fourth stage of the operation, and in supplying an account of it, without which the notes of the case would have been incomplete.

GRAHAM W. CHRISTIE, M.C., M.B.,  
F.R.C.S. Edin.

Ulverston.

#### PER-URETHRAL OPERATIONS FOR PROSTATIC OBSTRUCTION.

MR. KENNETH WALKER, in his excellent article on per-urethral operations for prostatic obstruction (*BRITISH MEDICAL JOURNAL*, January 31st, p. 201), has brought into prominence work that is, I believe, carried out by only a few surgeons in this country. Perhaps the conclusions I have come to in work which has been done largely in the Surgical Unit here during the last four years may not come amiss. The method employed has been fulguration of the prostate carried out by a diathermy electrode introduced through the cysto-urethroscope.

In the malignant prostate, where so much had been hoped for, the results were poor. In the adenomatous prostate, where enlargement of the lateral lobes could be detected by rectal examination or seen through the cystoscope, any improvement was only temporary, and not greater than that which followed the introduction of a full-sized metal bougie—a method of treatment in vogue many years ago. In addition, there can be no question that in this type of case such treatment is dangerous. When, on the other hand, the middle lobe was alone involved and not much enlarged, much improvement followed fulguration; this has so far been permanent, and the residual urine has completely disappeared.

In the prostatic bar, which was secondary to atrophy of the prostate, and in the small fibrous prostate, excellent results were obtained. But in the chronic inflammatory enlargement with residual urine, which did not react to massage and dilatation, the improvement was not so immediate or so marked, though it gradually became greater.

Fulguration is not so severe an operation as prostatectomy; the mortality is much less and the convalescence much shorter. But it should not be regarded as an alternative to prostatectomy except where the middle lobe alone is enlarged. It should be carried out only in those cases where prostatectomy is unsuitable, not on account of the general condition, but owing to the state of the prostate gland itself.

Cardiff.

T. E. HAMMOND.

TREATMENT OF GENERAL PARALYSIS BY  
MALARIA.

The purpose of this note is to call attention to a new method for the preservation of malaria parasites—namely, on ice *in vitro*—first used, I believe, in this country in our laboratory in November, 1924. The technique of the new method, which comes from the clinic of Pöetzel of Prague, is as follows:

On withdrawal the parasite-containing blood is defibrinated by shaking it up with glass beads in a flask or test tube under sterile conditions; the fluid, containing corpuscles and parasites, is transferred to another sterile test tube, and this is kept in the ice-chest, or, if for immediate dispatch, packed surrounded by ice in a thermos flask.

By this means simple tertian parasites have been kept alive and capable of infecting for varying periods up to and beyond sixty-five hours, and thus the difficulty of successfully inoculating due to distance and time in transit has been overcome.

Mosquito-borne malaria need not and should not now be used, for, being more liable to relapse and not so completely under quinine control as inoculated malaria, it is a danger to the community.

It may be taken that sixty-six hours is by no means the limit, for we have found the parasite stain well after seven days in the ice-chest. Successful inoculation by this means has been obtained in London, Birmingham, and Liverpool, with blood sent from here.

R. M. CLARK.

County Mental Hospital,  
Whittingham, Preston.

## AN OBSCURE CEREBRAL CONDITION.

THE following account of a somewhat unusual case appears to be of sufficient interest to merit publication. The onset of the illness was acute, and included pyrexia, which lasted for a fortnight, severe gastritis, and constipation for three weeks, and violent eye movements which continued for a month.

On the evening of August 30th, 1924, I was called to see a boy, aged 14, who had not felt very well on the previous day, but had bathed twice in spite of this; after the second bath he felt sick and giddy and went to bed. When I saw him he was pale, sighed frequently, said he felt very giddy and sick, and looked as if he might vomit at any moment. The pulse rate was 80 and regular, the temperature 100° F.; the bowels had not acted for two days, and the tongue was very furred. He kept his eyes tightly shut, and the eyelids were twitching. I did not examine the eyes, as he said it made him feel sick to open them. He was a very intelligent, quiet boy, not at all drowsy, and he had no headache. Nothing abnormal was found in the chest or abdomen, but I did not examine the nervous system. The next day he vomited several times, and the tongue was very furred; the bowels had not acted. The temperature was 101° and the pulse 92. On September 1st the temperature ranged from 98.8° to 100.4°; he still complained of extreme giddiness, which made him sick, especially if he opened his eyes or moved his head. He could not move his head from the pillow without jerking it violently, but there was no twitching or jerking of the limbs, and the head remained stationary unless he moved it voluntarily. He could only open his eyes with an effort, and it was noticed that they were in violent motion, in no regular direction; the eyes would go round and round three or four times, then from side to side in the most irregular manner, and with great rapidity, the extent of movement appearing to be at least 90 degrees. As far as I could make out both eyes moved together. There was no lateral deviation; on asking him to look to one side he was able to fix the finger for a moment, the violent movements would then occur for a few seconds, and then he would fix the finger again. This sequence occurred whatever the position of the finger. He had no diplopia. His most comfortable position was lying on his back with his head slightly inclined to the left on one thin pillow. He afterwards described his sensations at this period as if the bed first "pitched" very rapidly, then "rolled," then rotated to the left, with the right side inclined at an angle of 45 degrees, so that he felt he was going to be flung out, although he was quite aware that the bed was really stationary. He attributed the sickness to the feeling of movement, being normally a bad traveller, and hardly able to look at the sea without feeling sick. He had no headache.

Dr. Basil Armstrong saw him in consultation that day and examined him very thoroughly. The ears appeared normal, and there was no history or evidence of past otorrhoea; tuning-fork tests showed aerial conduction to be greater than bone conduction, and no diminution of hearing was detected. There was no facial weakness, but the tongue protruded very slightly to the left. No stiffness of neck was present. Examination of the arms showed that the muscular power was good, the jerks were normal, the co-ordination normal, and there was no dysidiadokokinesis. The abdominal and cremasteric reflexes were normal. The knee- and ankle-jerks

were slightly increased on both sides, and the plantar responses were flexor; Kernig's sign was absent. The sensation was carefully tested and found normal everywhere. Lumbar puncture was not performed. The urine was acid and highly coloured; albumin, sugar, and acetone were absent.

For the next week the temperature ranged from 98.2° to 99.4°, and the pulse remained slow, always under 80 and generally between 60 and 70. The eyes still continued their rapid movements of wide amplitude, but the patient gradually became able to fix objects for a longer time. The gastric symptoms then became more prominent; there was complete anorexia, furred tongue, very obstinate constipation, and vomiting of very tenacious mucus, which was alkaline in reaction. A differential blood count showed nothing abnormal. After September 11th the temperature remained normal, and the eyes gradually steadied, but the rate and amplitude of movement did not alter. The gastric symptoms and tongue cleared quite quickly between September 16th and 18th. On September 22nd the eyes were steady, but attempts to sit up brought back at once the rotatory movements as badly as ever, and made him feel sick and giddy. He had one or two restless nights about this time, but they soon got better, and never became a prominent symptom.

During the last week in September I began to prop him up with pillows, and after a few days he was able to sit up; he then went out in a bath chair, and no untoward symptoms appeared. In the first week in October he was able to walk, and he then returned to his home near London. On October 19th I heard from his parents that he was quite well, but that they had decided to keep him from school till after Christmas. Retinoscopy was impossible during the early part of the illness, but at the end of September I was able to see the fundus without difficulty; there was nothing abnormal, except that the veins seemed a little engorged.

The treatment was symptomatic and cannot be said to have had any effect on the disease; at first I gave chloral, bromide, and sodium bicarbonate; then sodium bicarbonate before and hydrochloric acid after food; in the third week he had hexamine, and when convalescence was established iron, quinine, and arsenic.

In a letter dated March 6th, 1925, his mother tells me that he has had no return of the giddiness; he eats well and sleeps well; he has returned to school and is making good progress. In fact "he is quite his old self again." He has not suffered from headaches.

Westgate-on-Sea.

FREWEN MOOR, M.C., M.D.

## ANEURYSM OF THE SPLENIC ARTERY.

THE case published by Mr. D. C. L. Fitzwilliams (BRITISH MEDICAL JOURNAL, November 1st, 1924, p. 803) prompts me to send the following report of a case I have recently seen.

I was called at 8 a.m. to see a married woman, aged 27, who was said to be suffering from severe abdominal pain and persistent vomiting. I found the patient to be extremely blanched, restless, and showing evidence of air hunger.

She complained of severe pain in the left side of the abdomen, high up under the ribs. I was informed that she had been perfectly well until about 9 o'clock the previous evening, when, as she was getting into bed, she was seized with violent abdominal pains and vomiting, and felt faint and helpless. She was alone in the house and was unable to attract the attention of the next-door neighbours, so that she remained in this condition until the return of her husband next morning.

She was, according to her menstrual history, about four months pregnant and was a primipara. When about four weeks pregnant she had been treated elsewhere for pernicious vomiting of pregnancy, and was laid up in bed for several weeks; her symptoms at that time were, as far as I could gather, very similar to those now present. Since that time she had been perfectly fit. There was no history of vaginal haemorrhage.

The radial pulse was running and impossible to count. The abdomen appeared rather distended, and there was dullness over the left side, but she was difficult to examine properly owing to the persistent retching and vomiting. There was a pyriform swelling extending up from the pelvis and just palpable above the symphysis pubis. She was admitted to the local cottage hospital, where she died shortly afterwards.

## Post-mortem Examination.

On opening the peritoneal cavity a small quantity of blood-stained fluid escaped; the left side of the abdomen was filled with an enormous blood clot extending from the region of the spleen. The clot was densely adherent to the stomach and intestines in many places, and it was impossible to detach it without rupturing the organs, thus showing that the condition must have started some time before, and possibly during the first month of pregnancy, when the patient became ill.

The spleen was about normal in size, but flabby and pale in colour. A small aneurysmal sac, which had ruptured, was found on the splenic artery, and the blood clot extended from this.

All the internal organs were extremely pallid and flabby. No other abnormalities were found. The pelvic organs were normal, and the uterus contained a foetus of about four months. The splenic specimen was shown to Dr. Piney, pathological director, Charing Cross Hospital, who confirmed the diagnosis.

Bromley, Kent.

R. H. YOLLAND,  
B.A. Cantab., L.M.S.S.A. Lond.

the 3rd Division of the army before Sevastopol, and for his services there received the medal and clasp and the Turkish medal. In August, 1855, he was invalided home, but served again in the Indian Mutiny as assistant surgeon to the 13th Light Infantry; he was mentioned in dispatches, and received the Toolsepoore medal. On promotion to full surgeon he was appointed to the staff of General Sir Hugh Rose, Commander-in-Chief in India, and served in that capacity from 1861 to 1865. In 1869 he was gazetted to the 60th Rifles, and retired as surgeon major in 1876. He took the degree of M.D.St. Andrews in 1862, and after his retirement settled in Belgravia, where he became physician to St. Mary's Home. During his army service he was engaged in the museum of the Royal Victoria Hospital, Netley, and drew up reports on the pathological preparations. He was a member of the British Medical Association, and served on its Committee of Inebriates Legislation.

#### THE LATE DR. MARY STURGE.

In the obituary notice published last week of Dr. Mary Sturge we inadvertently omitted to mention the services she rendered to the British Medical Association. She was a very active member, and helped it on many occasions, particularly in regard to the evidence before the Select Committee of the House of Commons on Patent Medicines. She was largely concerned in drafting the section of the evidence which dealt with medicated wines, and was the witness of the Association on that subject before the Committee.

Dr. SAMUEL BROWNE died at Esher on March 7th, aged 74. He was born at Belfast, the son of Dr. Samuel Browne, fleet surgeon R.N., afterwards Mayor of Belfast; he was educated at Belfast and Edinburgh, and graduated as M.D. and M.Ch. of the Queen's University, Ireland, in 1872. He served in the navy from 1872 to 1882, during which time he took part in the Ashanti campaign of 1873-4, being mentioned in dispatches and receiving the medal. In 1883 he took the D.P.H. of the Edinburgh College of Physicians. In 1884 he was appointed medical officer of Warwick Gaol; he retired from the prison service in 1901. From 1890 to 1910 he was medical officer of health for Leamington, and held a commission as medical officer of the 8th battalion of the Royal Warwickshire Regiment. He was also at one time medical officer of health for Kingston-on-Thames. He was a Fellow of the Royal Geographical Society.

Professor JAROSLAV HLAVA, director of the pathological institute at Prague University, and one of the most distinguished members of the medical profession in Czechoslovakia, has recently died. He was the first to describe the histology of Koplik's spots, the pustules of small-pox, the eruption of scarlet fever, and the blood picture in typhus.

Dr. JULES SOCQUET, a well known Paris criminologist and president of the French Society of Legal Medicine, and Dr. GIORGIO NICOLICH of Trieste, founder and president of the Italian Society of Urology, have recently died, each at the age of 73.

Professor JEAN ESCAT, a well known urologist attached to the medical school of Marseilles, has recently died of septicaemia following an injury to his finger during an operation.

Professor JULIUS HIRSCHBERG, the well known German ophthalmologist and founder of the *Zentralblatt für Augenheilkunde*, died recently at Berlin, at the age of 82.

Professor VAISI BEY, formerly dean and professor of legal medicine in the Constantinople Faculty of Medicine, has recently died.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

#### THE REGIUS CHAIR OF PHYSIC.

AS briefly announced in the JOURNAL last week, the King has approved the appointment of Sir Humphry Davy Rolleston, Bt., K.C.B., F.R.C.P., to be Regius Professor of Physic in succession to the late Sir Clifford Allbutt, with whose name his is associated as joint editor of the second edition of the standard *System of Medicine*. Sir Humphry Rolleston is a former scholar and Fellow of St. John's College, and studied medicine at St. Bartholomew's Hospital. He graduated B.A.Cantab. in 1886, M.B., B.Ch. in 1888, M.A. in 1890, and proceeded M.D. in 1892. He is emeritus physician to St. George's Hospital, and has been President of the Royal College of Physicians of London for the past three years; he was appointed Physician in Ordinary to the King in 1923. From 1914 to 1919 he served as consulting physician, with the rank of rear-admiral, in the Royal Navy, and for his services in the war he was created C.B. in 1916 and K.C.B. in 1918. He was created a baronet last year. The many distinctions conferred on him by academic bodies at home and abroad include honorary doctorates of the Universities of Oxford, Durham, Glasgow, Padua, and Bordeaux. He has been a member of numerous Royal Commissions, departmental committees, consultative boards, and other public bodies. He is a past president of the Royal Society of Medicine and of the Röntgen Society, and for some years he has continued to give greatly valued assistance to the British Medical Association, as a member of its Science Committee, and of the Arrangements Committee for the scientific work of the Annual Meetings; he was President of the Section of Medicine in 1920.

The Regius Professorship of Physic, with the other four Regius chairs at Cambridge, was founded by Henry VIII in 1540. In nominating Sir Humphry Rolleston as the head of its great Medical School, the University, it is agreed on all hands, has chosen wisely and well.

### UNIVERSITY OF LONDON.

THE following have been recognized as teachers of the University in the subjects and at the institutions indicated:

*London Hospital Medical College*.—Mr. William W. Woods (morbid histology).

*Middlesex Hospital Medical School*.—Dr. J. H. Douglas Webster (radiology).

*Charing Cross Hospital Medical School*.—Dr. E. D. D. Davis (oto-rhinolaryngology).

Applications for the University Chair of Biochemistry which it has been decided to institute at Middlesex Hospital Medical School must be received by the Academic Registrar at the University by April 23rd; the salary is £800 a year.

Mr. H. S. Souttar, C.B.E., M.Ch., has been appointed Examiner in Surgery for 1925, if required, and Mr. W. Girling Ball and Mr. E. C. Hughes have been appointed Associate Examiners in Surgery for 1925, to act if required.

The regulations for the second examination for medical degrees, Part II, for internal students, have been amended by the deletion of the words "which may include the recognition of the more important substances in the *British Pharmacopoeia*," in lines 3-5 on page 237 of the Red Book, 1924-25.

The Military Education Committee, in its sixteenth annual report to the Senate, records that Lieut.-Colonel A. M. H. Gray, C.B.E., M.D., has been awarded the Territorial Decoration for long and meritorious services of proved capacity in the Territorial Army.

### UNIVERSITY OF LIVERPOOL.

#### Honorary Degrees.

THE Council and Senate of the University propose to confer, at a special congregation on June 5th, the honorary degree of LL.D. upon Sir Dyce Duckworth, Bt., M.D., consulting physician to St. Bartholomew's Hospital and Emeritus Treasurer of the Royal College of Physicians of London, and Sir Robert Jones, K.B.E., Ch.M., F.R.C.S., consulting orthopaedic surgeon to the Liverpool Royal Infirmary and director of orthopaedics at St. Thomas's Hospital, London.

The following candidates have been approved at the examinations indicated:

FINAL M.B.—Part I: H. W. Altschul, G. S. Clouston, R. F. Corlett, D. E. Davies, R. W. Eldridge, J. H. Gilchrist, J. Halton, E. Hulme, T. A. Jermy, C. Kaufman, J. C. McFarland, E. P. Moloney, J. Morgan, H. E. Pearson, D. E. Pritchard, Thirza Redman, Mary Hope Simpson, A. K. Wilson. Part II: M. A. E. Azzam, H. E. Barrow, W. Howard, J. Katz, G. W. Moynaux, Mary A. Silcock, J. Tarshish, W. L. Webb.

DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.—I. Davies, A. Gillies, A. J. Murray, J. R. Parry.

### VICTORIA UNIVERSITY OF MANCHESTER.

THE following candidates have been approved at the examinations indicated:

D.P.H.—Part II: Hilda Pratt. Part I: E. R. Gilmore, Bridget Lineham, A. C. Newman.

DIPLOMA IN PSYCHOLOGICAL MEDICINE.—Part I: W. G. Thomson.

## UNIVERSITY OF LEEDS.

At a meeting of the University Council on March 18th resolutions were passed recording deep regret at the death of two of its honorary graduates, Sir Edward Thorpe and Sir Clifford Allbutt: Sir Edward Thorpe was one of the first three professors of the Yorkshire College of Science; Sir Clifford Allbutt, who was a life governor of the Yorkshire College and a life member of the University Court, gave distinguished services to the Leeds School of Medicine, of the staff of which he was a much valued member.

Dr. J. Gordon was appointed lecturer in bacteriology, in succession to Dr. Ross, resigned. Dr. Gordon graduated M.B., Ch.B. in 1918 and has been a demonstrator in the department of pathology and bacteriology for nearly six years.

## UNIVERSITY OF DURHAM.

The following candidates have been approved at the examination indicated:

THIRD M.R., B.Ch.—*Materia Medica, Pharmacology, and Pharmacy; Public Health; Medical Jurisprudence; Pathology and Elementary Bacteriology*: R. Abrahams, H. Birk, Evelyn H. Bolt, Ethel Browell, B. A. Dormer, M. M. Macintyre.

## UNIVERSITY OF GLASGOW.

The following candidates have been approved at the examinations indicated:

FOURTH M.B., Ch.B.—*Medical Jurisprudence*: W. J. Barbour, J. Baxter, A. M. Brown, V. S. Cameron, A. Campbell, M. C. Douglas, J. Durie, C. R. Gibson, H. R. Kidd, †D. P. Leiper, S. R. Lipchinsky, S. Lurie, A. MacArthur, J. L. Macaulay, J. A. McCluskie, W. J. McCulley, C. J. McGhee, D. T. McGibbon, C. C. McKenzie, A. A. McMillan, A. M. Murray, D. C. M. Macpherson, H. W. A. Marshall, A. Mellick, V. Meyer, G. M. Muirhead, D. S. Murray, M. Naftalin, W. H. G. Neill, A. F. Nimmo, J. O'Hara, D. C. Orr, A. G. Shanks, J. L. Smith, C. H. Stewart, H. S. Strachan, D. Thomas, J. H. Thomson, †W. Whitelaw, Jeanie G. Campbell, Mary E. Devine, Elizabeth H. Livingston, Georgina A. McNicol, Margaret Mulvein, Vida J. M.F. Stark, Maggie B. Walker, Kathleen M. Warren. *Public Health*: J. G. Anderson, J. Baxter, A. M. Brown, A. Campbell, J. V. M. Davies, J. Durie, C. R. Gibson, H. R. Kidd, D. P. Leiper, S. R. Lipchinsky, S. Lurie, A. MacArthur, J. L. Macaulay, J. A. McCluskie, W. J. McCulley, C. J. McGhee, C. C. McKenzie, A. A. McMillan, A. M. Murray, D. C. M. Macpherson, H. W. A. Marshall, A. Mellick, V. Meyer, G. M. Muirhead, D. S. Murray, M. Naftalin, G. R. Taylor, D. Thomas, †J. H. Thomson, W. Whitelaw, Mary E. Devine, Elizabeth H. Livingstone, Georgina A. McNicol, Margaret Mulvein, Maggie B. Walker.

\* Distinction in medical jurisprudence and public health.

† Distinction in medical jurisprudence.

‡ Distinction in public health.

## UNIVERSITY OF DUBLIN.

## TRINITY COLLEGE.

At the spring commencements in Hilary Term held on March 21st, the following degrees were conferred:

M.D.—M. W. Kaplan, J. W. Scharff.

M.Ch.—D. de Bruijn.

M.A.O.—D. J. Malan.

M.B., B.Ch., B.A.O.—W. H. Anderson, G. P. Pamford, J. E. Beatty, Rev. E. A. Bennett, H. Blaney, L. C. Brough, J. Crawford, T. G. B. Crawford, R. T. Cronin, J. Cussen, C. J. du Plessis, G. W. Garde, G. F. Gillespie, E. A. Heatley, J. J. Horwich, R. J. G. Hyde, J. M. Johnston, P. N. H. Labuschagne, J. L. Livingston, J. A. MacDonnell, J. G. Maguire, F. J. Marais, C. R. Moore, J. V. Morris, F. M. Purcell, W. A. Redmond, E. T. S. Rudd, I. Strasburg, H. W. Strong, E. J. Walsh, L. M. Whitsitt, R. W. Harte (*in absentia*).

## SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have passed in the subjects indicated:

SURGERY.—W. Bentley, N. E. Challenger, A. J. M. Davies, A. Kaplan, Y. N. Lal, T. K. Natesan, F. T. Ridley.

MEDICINE.—\* A. H. Allam, T. K. Natesan, F. T. Ridley.

FORENSIC MEDICINE.—E. H. Brodie, M. R. Burke, B. Horwitz, T. McD. Kellough, A. Mishriky, C. M. Moody, C. C. Po, F. T. Ridley, B. L. Steele.

MIDWIFERY.—I. H. Mackay, K. V. Mead, E. J. Newman, F. T. Ridley, R. J. Rutheford.

\* Section II.

The diploma of the society has been granted to Messrs. A. H. Allam, W. Bentley, N. E. Challenger, A. J. M. Davies, Y. N. Lal, A. Mishriky, T. K. Natesan, C. C. Po, and F. T. Ridley.

## The Services.

## ROYAL NAVAL MEDICAL SERVICE.

The annual dinner of the Royal Navy Medical Club will take place at the Trocadero Restaurant, Piccadilly Circus, W.1, on Thursday, April 16th, at 7.30 for 8 p.m. Members who wish to be present are asked to inform the Honorary Secretary, Royal Navy Medical Club, 68, Victoria Street, London, S.W.1, not later than seven clear days before that date.

## DEATHS IN THE SERVICES.

Lieut.-Colonel Henry Thomas Brown, R.A.M.C.(ret.), died at Limerick on February 3rd, aged 81. He was the son of the late Dr. Henry Southwell Brown, was educated at Queen's College, Cork, and graduated M.D. in the Queen's University, Ireland, in 1865; he took the L.R.C.S.I. in the same year. He entered the

army as assistant surgeon on March 31st, 1866, became brigade surgeon lieutenant-colonel in 1892, and retired in 1896. As a regimental medical officer he served in the Ceylon Rifle regiment and in the 59th Foot, now the 2nd battalion of the East Surrey regiment. He served in the Ashanti campaign of 1873-74, under Sir Garnet (afterwards Lord) Wolseley, receiving the medal.

Brigade-Surgeon Frederick George Constant, Bengal Medical Service (ret.), died at Eastbourne on February 19th, aged 90. He was the son of John Constant, 5th Dragoon Guards, and, after taking the diplomas of M.R.C.S. and L.S.A. in 1856, entered the I.M.S. as assistant surgeon in 1859, became surgeon major in 1873, and retired with a step of honorary rank in 1882. He served in the Abyssinian war in 1867-68.

Surgeon Major Edward Colson, Bombay Medical Service (ret.), died at Southsea on March 3rd, aged 79. He was the son of the Rev. Charles Colson of Layston, Hereford, was educated at Guy's, and took the diplomas of M.R.C.S. and L.S.A. in 1868. He entered the I.M.S. as assistant surgeon in 1869, became surgeon major after twelve years' service, and retired in 1889.

Surgeon Captain John Christopher Ferguson, R.N.(ret.), died at Mentone on February 14th. He was educated at Trinity College, Dublin, where he graduated M.B. and Ch.B. in 1886. Soon afterwards he entered the navy, became fleet surgeon in 1902, and retired as surgeon captain in 1913. He served throughout the late war. He had qualified as interpreter in Hindustani in 1903, and in French in 1907.

## Medical News.

LAST week's return showed a considerable decrease in the number of deaths from influenza in the great towns of England and Wales from 361 to 283. Only three cities other than London (where the deaths decreased from 59 to 36) had 10 or more deaths—namely, Birmingham (19), Liverpool (12), Manchester (15). The notifications of pneumonia for England and Wales are also decreasing (from 1,441 to 1,395). In some parts of the country, however, pneumonia is still increasing—for example, in the North Midlands; and in Manchester the deaths from influenza were more numerous than in the previous week.

The eleventh annual conference of the National Association for the Prevention of Tuberculosis will be held at the Royal Society of Medicine on July 6th and 7th. Professor Pirquet of Vienna will introduce the discussion on tuberculosis in childhood; Professor Holger Moellgaard of Copenhagen and Professor Knud Faber of Copenhagen will discuss the treatment of tuberculosis by "sanocrysin." It is announced that the Minister of Health is prepared to sanction the payment of the reasonable expenses of three delegates from local authorities. The fee for the conference is 1 guinea, and a copy of the report of the proceedings will be supplied. Further particulars may be obtained from the secretary of the association, Miss F. Stickland, 20, Hanover Square, W.1.

THE Fellowship of Medicine announces that the discussion on post-graduate study in London (see p. 613) will be resumed at the house of the Royal Society of Medicine on April 8th, at 6 p.m. Sir Arbuthnot Lane will again preside, and it is hoped that many members of the medical profession will attend and give their views. On March 30th Mr. Ernest Clarke will lecture on myopia, its diagnosis and treatment, and on April 1st Dr. Robert Knox will give a lantern demonstration of the use of x rays in the diagnosis of lesions in the right quadrant of the abdomen. Each lecture will be given at 5.30 p.m. in the West Lecture Hall. Three courses, each lasting a fortnight, will commence on April 20th. An intensive course in medicine, surgery, and the specialties, will be held at the Hampstead General Hospital, a course in diseases of children at the Queen's Hospital, Hackney Road, E.2, and a course in proctology at St. Mark's Hospital for the Rectum. In May there will be courses in dermatology; diseases of infants, and of the nose, throat, and ear; and in psychological medicine. Copies of the syllabus of these courses may be obtained from the Secretary to the Fellowship of Medicine, No. 1, Wimpole Street, W.1.

A COURSE in parasitology will be held in the Tropical Division of the London School of Hygiene and Tropical Medicine from April 12th to June 25th. There will be three parts: entomology (Colonel A. Alcock, F.R.S.), helminthology (Professor R. T. Leiper, F.R.S.), protozoology (Dr. J. G. Thomson). The course is intended for students taking the first part of the D.P.H., but there may be room for a few others. The fee is two guineas. Inquiries should be addressed to the Director, care of the Institute of Historical Research, Malet Street, W.C.1.

A PORTRAIT of Dr. G. Reinhardt Anderson, M.B.E., Mayor of Southport, was unveiled in the Southport Infirmary on March 18th, in recognition of his work as a member for twenty-eight years of the honorary medical staff and for eight years chairman of the medical board.

THE next social evening of the Royal Society of Medicine will be held at 1, Wimpole Street, W.1, on Monday, May 4th. The president, Sir St. Clair Thomson, will receive the guests at 8.30 p.m., and at 9.30 Dr. Robert Hutchison will give an address on Dr. Samuel Johnson and medicine, which will be illustrated with eighteenth century portraits.

DR. G. LEVEN will deliver a course of four lectures on the treatment of aerophagy, obesity, and leanness at the Hôtel Dieu in Paris on May 7th, 14th, 21st, and 28th.

A COMPLETE course of French study will be held at the Sorbonne, Paris, during the summer. The first part of the course, extending from July 11th to August 9th, consists of a preparatory course each morning, including phonetics; two hours' practical French reading, grammar, and conversation; in the afternoons lectures on the history of France will alternate with excursions in Paris. From August 9th to 23rd a more advanced course will be given by the leading professors of the Sorbonne and the Faculty of Law, who will deal in thirty-six morning lectures with the chief literary, political, and economic questions of France in the present day. The afternoons will be devoted to excursions in Paris. At each week-end during the course visits will be paid to towns of historical or artistic interest, and from August 23rd to 31st a journey in small groups, under the guidance of the professors, will be made to one or other of the eastern, southern, or western parts of France. The director of the course is M. Henri Goy, Directeur du Bureau des Renseignements Scientifiques, Sorbonne, Paris, to whom all communications should be addressed.

AN international congress of physiotherapy—the first since the war—will be held at Leningrad from May 23rd to 27th, when the following subjects will be discussed: (1) light therapy, introduced by Professor S. A. Brunstein; (2) Roentgen therapy, introduced by Professor A. K. Jakovsky; (3) ionotherapy, introduced by Professor S. B. Wermel; (4) physical treatment of tuberculosis, introduced by Professor N. M. Roetnitzky (pulmonary tuberculosis) and Dr. F. G. Kornel (surgical tuberculosis); (5) physiotherapy of motor disturbances, introduced by Professor A. L. Polen; (6) physiotherapy of endocrine disorders, introduced by Professor R. C. Metzernitzky. An exhibition of instruments connected with physiotherapy will be held during the congress.

THE sixth Italian Congress of Radiology will be held at Trieste from May 7th to 10th inclusive. Professor Pasquale Tandoia of Naples will deal with the radiology of the biliary system, Professor Giacomo Pesci of Genoa with the radiology of pleural diseases, and Professor Eugenio Milani of Rome with radiotherapy of the endocrine system. May 10th (Sunday) will be devoted to an excursion to the grotto of Postumia. The subscription for non-members of the Società Italiana Radiologia Medica is 20 lira, and relatives of those attending may obtain the privilege of reduced railway fares on payment of 10 lira. Applications should be addressed before March 30th to the Congress President, Dr. Massimiliano Gortan, Ospedale Civico Regina Elena, Trieste.

AN International Conference on the Use of Esperanto in Pure and Applied Sciences will be held in Paris from May 14th to 16th inclusive. Inquiries should be addressed to Mr. F. E. Wadham, 19, Grandison Road, London, S.W.11.

THE annual meeting of the Cremation Society of England will be held in the Adam Hall at 12, Stratford Place, W.1, on Wednesday, April 8th, at 3 o'clock. The council's report, to be presented to the meeting, congratulates the society and those interested in its work on the success which has attended its efforts. During the year under review, notwithstanding the satisfactory state of the national health, the number of cremations carried out in Great Britain was increased by 404, or 20 per cent., the actual number having been 2,390, against 1,985 in the previous year. Of this total the four crematoriums in London accounted for 1,429. The accounts and balance sheet show a highly satisfactory financial position. Membership has also greatly increased during the past year.

ON his retirement from being medical officer to the Brighton Board of Guardians after forty-two years' service Dr. Douglas M. Ross has been presented with a framed illuminated address, subscribed for by members of the board, in recognition of the zeal and devotion with which he has discharged his duties.

ON the promotion of Sir A. Symonds, K.C.B., Second Secretary, to be Secretary to the Board of Education, Mr. E. R. Forber, C.B., C.B.E., has been appointed Deputy Secretary to the Ministry of Health, and Mr. L. G. Brock, C.B., and Mr. I. G. Gibbon, C.B.E., Principal Assistant Secretaries.

A DONATION of £10,000 has been given by Miss Margaret Clarke of Glasgow towards the building of a convalescent home for the Glasgow Royal Infirmary in memory of her father, Dr. Samuel Clarke, who was well known in Glasgow sixty years ago.

THE current issue of the quarterly *Bulletin of the International Union against Tuberculosis* contains a detailed account of the fourth International Tuberculosis Conference, held at Lausanne last August, with a report of the administrative session and a summary of the scientific discussions. Sir Robert Philip contributes an article on anticipatory detuberculation, and A. K. Krause and H. S. Willis describe experiments showing that the rate of dissemination of virulent tubercle bacilli in normal guinea-pigs is far more rapid than in animals that have been immunized, the proportions being from three to four days in the former case, as compared with seven in the latter.

THE forty-ninth annual meeting of the German Society of Surgery will be held in Berlin from April 15th to 18th. The programme appears in the *Zentralblatt für Chirurgie* of March 14th.

A SPECIAL institute has been established for the treatment of scabies at Leningrad, where the methods employed are those in use at the Hôpital St. Louis, Paris.

THE celebration of the centenary of the birth of Hippolyte Duprat, a French naval medical officer who forsook medicine for poetry and music, is being organized at Toulon.

THE February issue of the *Deutsche Zeitschrift für Chirurgie* contains a portrait of the late Professor Trendelenburg, and a memoir of him by the editor, Professor Sauerbruch of Munich.

THE eleventh centenary of the University of Pavia will be celebrated from May 20th to 22nd.

## Letters, Notes, and Answers.

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

ALL communications with reference to advertisements as well as orders for copies of the JOURNAL should be addressed to the Financial Secretary and Business Manager, 429, Strand, London, W.C.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.

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

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, Aitiology Westrand, London.

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MEDICAL SECRETARY, Medisecra Westrand, London.

The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 4737 Dublin), and of the Scottish Office, 6, Rutland Square, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 4361 Central).

## QUERIES AND ANSWERS.

### SODIUM NUCLEINATE IN PNEUMONIA.

DR. F. M. GARDNER-MEDWIN (Angorfa, St. Asaph, North Wales) writes: May I appeal to all practitioners who have used intramuscular injections of sodium nucleinate in the treatment for pneumonia, as set out in my paper in the BRITISH MEDICAL JOURNAL, July 12th, 1924, to let me know the results of their treatment in statistical form—stating whether the crisis was precipitated within about forty-eight hours of the injection? Any such information would be gratefully received by me and permission to use the statistics in any way I choose would be appreciated. The possession of a weapon of precision such as this in a disease where hitherto expectant treatment has been employed is so important, in my opinion, that the only justification for neglecting to use it is failure to obtain results or refusal to believe the results obtained by others.

### TREATMENT OF ASTHMA.

IN reply to "H. C.'s" question about asthma (March 7th, p. 488), a correspondent informs us that he has found elbon ciba to give relief in many long-standing cases. The amount he gives is 30 to 60 grains a day, according to the severity of the symptoms. A note on elbon ciba was published in our columns of June 7th, 1924 (p. 1009). It is a combination of cinnamic acid and oxyphenylurea, and was introduced as an antipyretic and disinfectant of low toxicity.