

The presence of this temporary nystagmus is of considerable interest and importance, for in my opinion it helps to emphasize the toxæmic nature of the whole attack—the nystagmus, like a vertigo, arising from some gastric poison. The collapsed and pulseless condition can be considered due to a toxæmia, whilst the stomach disturbance, together with the beneficial result obtained by means of calomel, seems to confirm a gastric origin. Gastritis of such a nature is usually associated with signs and symptoms classified under the head of urticaria—an irritable condition of the skin resulting in rapid exudation of serum or lymph; an acute labyrinthitis causing vertigo; an acute injection of the bronchial mucous membrane causing asthma.

In this case there was a markedly diffused impulse and an extensive accentuation of the mitral systolic murmur. This marked diffusion of impulse is explainable by a rapid exudation of fluid into the pericardial cavity, which accounts also for the increase in the area of cardiac dullness. That this pericardial fluid is subject to variations needs no proof, but to prove definitely when and to what extent those variations occur we have to fall back on symptoms. Any disturbance of the intrapericardial conditions is necessarily associated with very alarming symptoms, and of such a nature as was found in this patient.

Normally one finds 4 to 8 c.cm. of pericardial fluid present *post mortem*, generally lying in the most dependent part of the opened sac, but that is no evidence of the position or conditions of the fluid during life. In 1915 I drew attention to the fact that during life the intrapericardial pressure is negative to the extent of 6 to 8 cm. of water, and the result of this negative pressure is by suction action to keep the pericardial fluid at an equal thickness all over the surface of the heart.

For an organ like the heart, in, as it were, perpetual motion, a great essential is proper lubrication, which is supplied by the pericardial fluid, right both in quality and quantity; but should a toxæmic condition occur suddenly, with a rapid exudation into the pericardial cavity, the lubrication is disturbed and the motion of the heart interfered with to a serious extent. Evidence of such an exudation into the pericardial cavity is supplied in the case here recorded by the markedly diffused cardiac impulse.

Heart disease has been recognized as an entity for barely one hundred years, so that whatever tradition exists cannot be above criticism, especially of a constructive nature. In my opinion a great wrong has been done to the science of cardiology by depicting on cardiograms the "exact" position of a sound or murmur, implying a scientific exactitude for what is really a matter of individual judgement.

Let us for the moment cease to consider the cause of the heart sounds, and concentrate on the conditions necessary for their conduction to our auditory apparatus. The heart sounds have to pass through the pericardial fluid (normally a thin layer) as well as the chest wall. With a rapid exudation of fluid into the pericardial cavity there must be a considerable modification of the conducting conditions, to prove which one need only refer to the fact that in a case of marked pericardial effusion the heart sounds are not heard. Since fluid is a good conductor of sound we should expect the heart sounds to be readily transmitted, but the reverse is proved to be the case. The "energy" transmitted from the chestpiece of a stethoscope to the ears is the same as that transmitted from the chestpiece of a cardiograph to the tambour and "pen" for the production of the heart curves or waves on the moving roll of paper. The "heart curves or waves" therefore represent on paper what is heard by the ear—that is, the "heart waves" represent the heart sounds.

In pericardial effusion the "heart waves" are reduced to a minimum, and so also are the heart sounds; in other words, there is so little movement of the pericardial fluid that no movement is recorded on the cardiogram.

Is the diminution of this fluid motion associated with the disappearance of the heart sounds? Were the sounds produced in the heart they would be conducted all the more readily with such a large quantity of fluid; in other words, are the heart sounds produced normally by the fluid in the pericardial cavity?

Watson, to whom belongs the credit of being a pioneer in the realm of cardiology, dogmatically asserts that the first sound of the heart is due to the contraction of the heart muscle—"because, gentlemen, you all know," he tells us in his lectures, "that a muscle when it contracts produces a sound." But a muscle when it contracts produces no sound, so that the heart sounds cannot be due to the contraction of the heart muscles. The vibration of the valves has been asserted to be responsible for many heart sounds, but is it possible to believe that a thin membrane, of which the valves are composed, can be strung so taut as to cause such a loud-sounding vibration as evidenced by the heart sounds? Truly, when the valves are affected the sounds are affected, but the more diseased the valves the less they are capable of vibration, although coincident with a marked increase in volume of sound. When, however, the valves are affected the intrapericardial conditions are also considerably modified, and I have drawn attention to the fact that in heart failure the intrapericardial pressure has become atmospheric with a consequent loss of suction action whereby the lubrication of the heart is greatly disturbed.

It is now generally agreed that the end comes in heart disease, not by valve leakage, but through failure of the myocardium, which to act satisfactorily must be properly lubricated with pericardial fluid of the right quality and quantity under proper conditions; but, as I have proved by means of the manometer, those pericardial conditions are not normal in death due to heart disease.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

GALL STONES IN A GIRL AGED THIRTEEN:

CHOLECYSTOTOMY, REMOVAL OF FOUR STONES: RECOVERY.

THE memorandum by Dr. R. S. Woods (BRITISH MEDICAL JOURNAL, March 21st, p. 552), describing cholecystectomy in a male aged 18, has stimulated me to record this case.

I have not attempted to search the literature, but Walton (*Annals of Surgery*, July and August, 1911) gives the following table showing the age at time of operation in the 409 cases upon which his paper is based, and the ages at which symptoms first appeared.

Age at Time of Operation.			Age at which Symptoms Appeared.		
Age.	Number.		Age.	Number.	
1-10	...	0	1-10	...	3
11-20	...	0	11-20	...	27
21-30	...	26	21-30	...	57
31-40	...	68	31-40	...	122
41-50	...	117	41-50	...	101
51-60	...	123	51-60	...	67
61-70	...	63	61-70	...	27
71-80	...	11	71-80	...	5
81-90	...	1	81-90	...	0

He quotes a paper by Still in which records of twenty-three cases in young children (ten of them stillborn and young infants) are collected. Nevertheless, the operative removal of gall stones at the age of 13 must be sufficiently rare to be of interest.

I was asked to see a girl, aged 13, in consultation. Her doctor informed me that some months previously she had had cystitis accompanied by *B. coli*. For about eighteen months she had had frequent attacks of severe abdominal pain and vomiting. These attacks usually came on at night. She had had an unusually severe attack starting at 2 a.m. on March 21st, 1920. When I saw her, on the afternoon of March 23rd, the pain, now much less severe than it had been, had settled in the right hypochondrium and right iliac fossa. The abdomen was normal except that the right lower rectus was somewhat rigid.

I diagnosed recurrent appendicitis. As the present attack had subsided I arranged to operate, and on March 27th, 1920, opened the abdomen, using Battle's incision, and removed the appendix. It contained a concretion and two threadworms, and showed a stricture near the tip. As, however, it was hanging down in the pelvis I was not satisfied that it accounted for the pain in the hypochondrium. I therefore explored further and found to my surprise a large gall bladder containing stones. I enlarged the incision, opened the gall bladder, and removed four large stones.

No stones were felt in the ducts. The gall bladder was drained and the abdomen closed. The stones were roughly round, but showed from one to three well marked facets on each. The diameter of the smallest was one-third of an inch, of the largest half an inch. They were of the laminated bile pigment and calcium type.

The patient made an uneventful recovery and left the nursing home quite well.

Plymouth.

C. M. KENNEDY, F.R.C.S.Eng.

ULTRA-VIOLET THERAPY.

THERE are still so many gaps in our knowledge both of the theory of ultra-violet therapy and of the physiology of the suprarenal glands that, at the risk of calling attention to a phase of their relationship which may have already been recorded, I venture to send the following note:

M. H., male, aged 12½, has suffered for nine years from attacks of bronchial asthma of moderate severity, induced apparently by errors of diet, cold, erupting teeth, fatigue, and excitement. Many forms of drug treatment have been tried without success, until quite recently, when adrenaline was tried and found to act as a specific. He had his first dose of light (two minutes' exposure to K.B.B. air-cooled lamp at 14 in.) at 7 p.m., and developed an attack of asthma early next morning. At 9 a.m. he was given a dose of adrenaline and it was noticed that the erythema was much less developed in him than in his younger brother, who had received the same dose of light at the same hour. Within half an hour the asthma had passed off, and at 12.30 he remarked that his skin was itching a good deal; the erythema was found to be that of a mild second degree, little if anything less than his brother's.

It appears to be a reasonable deduction that the skin's reaction to light makes a demand upon the suprarenals, which in this case temporarily exhausted them and thereby induced an attack of asthma; and that the small dose of adrenaline relieved the latter and enabled the reaction to be completed. Incautious exposure to sunlight of patients with active tuberculosis is well known to induce exhaustion and rise of temperature, but these effects have generally been attributed to the heat rays. This case strongly suggests that a truer rationale of the reaction would attribute the effects to suprarenal exhaustion, and affords a reasonable prospect that adrenaline, given at the time of an exposure to light, would safeguard these patients from such untoward results, just as it does in the case of M. H. At the same time it explains the good results claimed for the ultra-violet therapy of high blood pressure.

London, N.6.

F. TALBOT, M.R.C.S., L.R.C.P.

JEJUNAL ULCER.

IN view of the recent correspondence as to the advisability of performing gastro-enterostomy at the same time as closure of a perforated duodenal ulcer, the following case would seem to be of some interest.

G. V., an iron-worker, aged 41, had been suffering from abdominal pain for eight months, when he underwent an operation for perforation of a duodenal ulcer in May, 1925. The surgeon who operated, besides suturing the perforation, performed posterior gastro-enterostomy. Recovery was uneventful.

For three months the patient did well, but after that time he began to complain of severe pain, and to lose weight. He was first seen by me in August, 1924. X-ray investigation showed both the pylorus and the gastro-enterostomy crifice to be functioning. He was seen in consultation by Dr. A. E. Barnes of Sheffield, who diagnosed jejunal ulcer. I operated in March, 1925, and found a large indurated jejunal ulcer, the crater of which was as large as a halfpenny, the base being formed chiefly by the transverse cecum. The ulcer perforated as soon as the manipulation was begun. The ulcer was excised with the first eight inches of the jejunum, the opening in the stomach closed after excising the indurated parts, and the divided jejunum joined end-to-end with the duodeno-jejunal flexure. The pylorus was found to be quite patent, and there was no sign of the former duodenal ulcer. Recovery has, so far, been satisfactory.

It would appear to be a fair assumption that if suture of the perforation had alone been carried out at the first operation in this case the patient would have been saved the necessity of further interference.

W. STANLEY WILDMAN, F.R.C.S.Eng.,
Honorary Surgeon, Rotherham Hospital.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

BRIGHTON DIVISION.

A CLINICAL meeting of the Brighton Division of the British Medical Association was held at the Royal Alexandra Hospital for Children on April 23rd, when Mr. G. MORGAN, consulting surgeon to the hospital, was in the chair.

INTUSSUSCEPTION.

Mr. J. R. GRIFFITH read a short paper on intussusception. The majority of cases of this disease occurred in children under 2; the patient was usually a boy, and was healthy and robust. As a rule the diagnosis was unmistakable. The attack came on suddenly, often after an attack of diarrhoea; it began with agonizing colic, the bowels emptied themselves and the patient vomited, the legs were drawn up, and the breath came in little gasping cries. The spasm passed off and was repeated. Blood-stained mucus began to drain from the rectum, and the spasms became more and more frequent until the pain became continuous. On examination a sausage-shaped swelling was detected, lying across the abdomen above the umbilicus; sometimes the apex could be felt on rectal examination. All cases, however, did not conform to this type, and sometimes it was by no means easy to make a diagnosis. It was not uncommon to find the child sleeping peacefully, with nothing but the history to suggest that there was anything wrong. The lump might appear to be absent at one time, although it was clearly evident both before and after. Occasionally no history could be obtained of the passage of blood and mucus; in these cases there was no congestion, and the intussusception was easily reduced. Operation directed towards the complete reduction of the intussusception was the only rational form of treatment, and it must be performed at the earliest possible moment, before congestion was followed by loss of vitality. Therefore, where any question of intussusception arose the child was always examined under an anaesthetic on the operating table. An abdominal and a rectal examination made it easy to decide whether the abdomen should be opened or not. With regard to the operation, a right paramedian incision was used; the intussusception was reduced as far as possible inside the abdomen, the last part being always delivered in order to make sure that it was completely reduced. This was sometimes difficult owing to thickening and oedema of the apex, but unless reduction was complete the condition would almost inevitably recur. In the case of gangrene of the bowel resection appeared to be hardly ever successful.

In the discussion which followed Mr. G. MORGAN called attention to the rise of temperature which usually followed these operations; this was due, in his opinion, to the absorption of toxins liberated from the congested bowel on the relief of the obstruction. Mr. L. A. PARRY then described a case in which pain was completely absent throughout the attack. After much doubt and discussion the abdomen was opened, the intussusception was found and reduced, and the child recovered. Mr. M. FITZMAURICE-KELLY described two unusual cases under his care during the past year; in both the apex was formed by an inverted Meckel's diverticulum.

MISCELLANEOUS CASES.

Mr. M. FITZMAURICE-KELLY showed three cases:

1. A case of old tuberculous disease of both hip-joints and the left knee in a girl aged 13. The case had been shown at a previous meeting; the left hip and knee were then fixed in good position, the right hip dislocated, and the limb flexed and adducted 50 degrees. An arthroplasty of the right hip by Jones's method was performed, and the limb was now straight, with some 30 degrees of movement in the direction of flexion. It was hoped shortly to start the child walking in a calliper splint.
2. A case of incisional hernia of the right semilunar line, 4 in. by 1 in., closed by Gallie and Le Mesurier's method, two strips of fascia lata a foot long and 1/4 in. wide being used to close the opening. The resulting scar was firm.
3. A case of obstetrical paralysis in an infant, treated on a platform splint.

to mislead. I demur also to his belief that "very little is happening in the defence societies," which is the inference he draws from my statement (not disputed by him) that there is extraordinarily little dissatisfaction among the members of the two defence societies. His inference is not only illogical, it is also incorrect.

One last point. Dr. Manson asks whether the Medical Defence Union would prosecute a member of the Union before the General Medical Council for a grave professional offence. It is *ultra vires* for the Medical Defence Union to do such a thing, and it will be equally *ultra vires* for the new company that Dr. Manson wants to see started to act similarly to a member of that company. This is a question of law; thus the aspirations expressed in his last paragraph are unattainable, because the law prevents their realization.—I am, etc.,

London, S.W., May 3rd.

HENRY ROBINSON.

SIR,—I read Dr. Manson's criticism of Dr. Robinson with much interest till I reached the last paragraph; then I rubbed my eyes. He desires to know if a medical defence society "would prosecute a member before the General Medical Council for advertising, touting, or other grave professional offence." He intimates not. There is a case for the British Medical Association undertaking the responsibility of a defence society, and against. But Dr. Manson's naïve query, I hazard, settles it. The idea of the British Medical Association prosecuting its own members is too entrancing.

Medical ethics, medical amenities, comprise a curious world, in a jealous profession. Sir William Osler often plaintively refers to it in his writings, and the best antidote, as he always maintained, is a liberal education. The British Medical Association is constituted on a broad, democratic basis, I take it, for medical politics. The addition of the function could but weaken it.—I am, etc.,

London, N.W., May 3rd.

RICHARD GILLBARD.

HARVEY MEMORIAL AT HEMPSTEAD.

SIR,—By this time all members of the Association (and practitioners who are not) have doubtless received the circular from the Harvey Church Tower Memorial Fund Committee, appealing for monetary aid to erect a fabric to be named after the great William Harvey, and to restore to its pristine beauty the interesting old church at Hempstead, Essex, in which he (and many members of the Harvey family) was buried. I intended, in the first instance, to ask a few of my immediate medical colleagues to join with me in making at least some response to the appeal. But on reflection it seemed that a move in the same direction by the Association through the JOURNAL would be more appropriate and infinitely more effective.

The small subscription of half a crown from every British practitioner would, it appears, be sufficient to finance the project. There are two reasons why all should respond—first, because an old fourteenth century church requires restoration, and, again, the great and momentous discovery of a fellow countryman and physician is to be suitably recorded in stone.—I am, etc.,

London, N.W., May 1st.

HOPE GRANT, F.R.C.S., etc.

* * A note on the subject of Mr. Hope Grant's letter appears elsewhere, at page 895.

The Services.

OSBORNE CONVALESCENT HOME.

THE KING has approved of the reappointment of the following to the consulting staff of King Edward VII's Convalescent Home at Osborne, Isle of Wight, for officers of H.M. Navy, Army, and Air Force: Sir Cuthbert Wallace, K.C.M.G., C.B., F.R.C.S., Sir Herbert Waterhouse, M.D., F.R.C.S., G. E. Gask, C.M.G., D.S.O., F.R.C.S., Sir W. H. Willcox, K.C.I.E., C.B., C.M.G., M.D., F.R.C.P., C. H. Miller, C.B.E., M.D., F.R.C.P., H. S. French, C.B.E., M.D., F.R.C.P., H. Morley Fletcher, M.D., F.R.C.P.

TERRITORIAL DECORATION.

THE KING has conferred the Territorial Decoration upon the following medical officers: Colonel Frank G. Proudfoot, M.D. Royal Army Medical Corps; Lieut.-Colonels R. M. Vick, O.B.E., Sir Ewen J. Maclean (ret.), Major R. Coffey, E. J. Boone, D. S. Sutherland, A. E. Webb-Johnson, C.B.E., D.S.O.

INDIAN MEDICAL SERVICE.

As already announced, the annual dinner of the Indian Medical Service in London will be held at the Trocadero on Wednesday, June 17th. Lieut.-Colonel A. W. Alcock, C.I.E., F.R.S., will be in the chair. Tickets and all particulars may be obtained from the joint honorary secretary, Colonel J. J. Pratt, I.M.S. (ret.), 18, Nevein Mansions, Warwick Road, S.W.5.

Universities and Colleges.

UNIVERSITY OF OXFORD.

At a congregation held on April 30th the degrees of M.A. and D.M. were conferred on H. D. Haldin-Davies.

UNIVERSITY OF SHEFFIELD.

DR. B. BROUWER, professor in the University of Amsterdam, will give a lecture (in English) entitled "The projection of the retina in the brain," on Tuesday, May 19th, at 8.45 p.m., in the Medical Library, the University of Sheffield. All medical practitioners are invited.

UNIVERSITY OF DUBLIN.

TRINITY COLLEGE.

At the first summer commencements, held on April 28th, the undermentioned degrees were among those conferred:

M.D.—J. C. J. Callanan, R. A. D. Pope.
Sc.D.—J. W. Bigger, M.D.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN ordinary comitia of the College was held on April 30th, the chair being occupied by the President, Sir Humphry Rolleston.

Fellowship.

The following were elected to the Fellowship:

Robert Fortescue Fox, M.D.Lond. (London), Athelstane Iliff Simey, M.D.Camb. (Rugby), Ivor Jones Davies, M.D.Lond. (Cardiff), John Davis Barris, M.B.Camb. (London), Henry Harold Scott, M.D.Lond. (London), Joseph Godwin Greenfield, M.D.Edin. (London), George Riddoch, M.D.Aberd. (London), Alfred Bertram Soltan, C.M.G., C.B.E., M.D.Lond. (Plymouth), William John Adie, M.B.Edin. (London), Frederick George Chandler, M.D.Camb. (London), John William MacNee, D.S.O., M.D.Glasg. (London), Bernard John Hart, M.D.Lond. (London).

Membership.

The following candidates, having passed the required examination, were admitted Members:

Frederick M. B. Allen, M.D.Belf., Herbert A. Brookes, M.B.Edin., Morris J. Cohen, M.D.Liverp., Leslie B. Cole, M.B.Camb., Robert H. Cooke, M.B.Lond., Macdonald Critchley, M.D.Bristol, John N. Cruickshank, M.D.Glasg., Charles F. Harris, M.B.Lond., Amy Hodgson, M.D.Liverp., William A. Lister, M.R.C.S., L.R.C.P., Arthur S. MacNalty, M.D.Oxf., David C. Muir, M.B.Lond., Robert Platt, M.D.Shef., Thomas D. Power, M.D.Dub., D'Arcy J. Prendergast, M.B.Toronto, Jeffrey Ramsay, M.D.Lond., Chennagiri K. Rau, M.D.Madras, and Ambrose Spong, M.D.Manch.

Licence.

Licences to practise physic were granted to the following 138 candidates, who have passed the Final Examination of the Conjoint Board and have complied with the by-laws of the College:

C. S. Anderson, W. A. Barnes, St.C. E. J. Barrett, I. C. P. Beauchamp, J. R. Beagley, Diana J. K. Beck, P. R. T. Becker, Elizabeth E. Benson, C. P. Blacker, W. R. Bonner-Morgan, E. H. Boodrie, D. de C. Boxhill, P. G. Brain, M. K. Braybrooke, G. E. Brew, C. W. Brook, G. M. Brooks, M. F. Butler, L. I. M. Castle, Enid A. Ceirios-Cadle, M. Chandra, R. J. K. Chatley, J. E. Church, Hilda A. Cohen, Jean Cooper, Catherine A. Cowan, P. V. Cramer, D. F. Crawford, D. A. L. Crawshaw, Victoria M. Crosse, G. P. Crowden, J. Crowther, J. Cumming, R. N. Curnow, R. Dalling, H. E. Daniel, R. K. Debenham, A. E. De Chazal, J. D. Dillon, W. H. A. Dodd, A. S. M. Douglas, J. L. C. Doyle, G. I. Evans, P. F. Evans, Christabel S. Eyre, C. R. Fielding, P. J. T. Foenander, C. A. Francis, D. B. Fraser, H. E. Gamlen, A. W. Gardner, J. H. Gibbens, G. D. Gillbard, A. Gompertz, E. T. Goodyear, D. R. Grant, G. S. Hale, S. Harris, J. H. Hartland, F. C. Haward, Marjorie F. M. Hayward, H. L. Heath, Catherine M. Hext, H. P. Hiscocks, F. D. M. Hocking, R. G. Hodder, H. B. Howell, J. E. Howie, W. Hughes, J. T. Hunter, J. S. Jacobsz, M. E. M. Jago, L. E. Jones, L. R. Jones, W. H. M. Jones, B. Kaplansky, P. N. Kapur, R. St. J. Kemm, G. M. King, J. G. Kingsbury, C. K. Lakshmanan, J. C. C. Langford, Kathleen M. Lankester, G. A. Q. Lennane, H. M. O. Lester, Muriel A. Lester, T. J. Lloyd, A. McMillan, S. P. Meacock, J. G. Milner, V. S. Mitcheson, S. K. Montgomery, A. J. Moody, C. A. Moody, Florence I. R. Moore, W. G. R. Morris, C. A. Mulligan, Marjorie Murrell, W. Ogden, J. B. Oldham, Dorothy M. Payton, A. P. Pearce, C. O. Perera, A. Pierce, E. P. Pratt, B. Press, J. Rafalowsky, S. Randall, Grace D. Rice, H. S. Rich, G. D. Robb, J. E. C. Rouse, A. T. F. Rowley, T. A. Seeking, R. Sellick, D. G. Shields, J. R. Smith, J. S. Spickett, A. A. Spiro, E. F. Stead, G. H. Steele, J. S. Symons, Catharine F. Taylor, G. Taylor, Henrietta Trend, Joan W. Urwick, K. H. Uttley, J. M. van Schalkwyk, V. S. Wan, E. C. Warner, R. L. Waterfield, M. A. Weisman, W. S. Whimster, R. M. Winder, K. K. Wood, J. Wood, H. M. Woodman, and H. C. Wykerd.

Diplomas.

Diplomas in the undermentioned subjects were granted, jointly with the Royal College of Surgeons of England, to the following candidates:

Diploma in Public Health.—J. V. Armstrong, Amarnath Bajaj, Bal Mokand, E. M. Bergheim, E. R. W. Gilmore, Audrey M. Hughes, J. A. Kerr, J. H. M. Lloyd, Marian Lones, H. L. Oldershaw, Ethel B. Poole, Gian Singh, L. H. D. Thornton, J. G. Walker, and Moreen Whelton.

Diploma in Tropical Medicine and Hygiene.—Bal Mokand, J. N. Banks, A. Blair, J. H. Bowyer, H. H. Brown, E. N. Cook, A. C. Craighead, N. E. Goldsworthy, T. S. Goodwin, P. F. A. Grant, A. N. Haworth, L. H. Henderson, S. Khan, R. A. E. Klaber, K. Lumsden, J. R. Maleri, J. S. E. Manley, A. S. Mohammed, H. J. More, J. W. Scharff, E. B. Struthers, and J. L. Stuart. (All the above were students at the London School of Hygiene and Tropical Medicine.)

Sir Wilmot Herringham, K.C.M.G., M.D., was re-elected as Representative of the College on the Senate of the University of London.

Dr. William Gordon was nominated to represent the College at the Congress on Thalasso-Therapeutics at Arcachon, France. Dr. Raymond Crawford was elected Registrar of the College. A report from the Committee of Management was received and adopted, also the quarterly report of the examiners for the licence on the examinations held in January last. The report of the Committee on Regulations for the Membership Examination was received and was in part referred back for further consideration. Books and other donations to the library presented during the last quarter were received.

The President then dissolved the comitia.

SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have passed in the subjects indicated:

SURGERY.—T. A. Lazaro, I. H. Mackay, K. E. R. Robertson, F. Smith

(Section I), P. W. Tobin.

MEDICINE.—E. H. Boodrie, F. Carroll, T. G. L. Davies, C. M. Moody,

A. B. Osbourne, J. Wilson.

FORENSIC MEDICINE.—F. Carroll, P. H. Knowles, C. H. Mason, A. B.

Osbourne, O. W. Percival.

MIDWIFERY.—R. V. Cooke, B. Horwitz, T. McD. Kellough, P. H. Knowles,

C. S. Netscher, W. I. Pierce, S. R. G. Pimm, G. E. Rowan, B. L.

Steele, R. F. Stubbs, P. W. Tobin, D. Winstanley.

The diploma of the Society has been granted to Messrs. E. H.

Boodrie, T. McD. Kellough, C. M. Moody, B. L. Steele, R. F.

Stubbs, J. Wilson.

Obituary.

DR. ARTHUR BANCKS PROWSE died at Clifton on April 26th in his 70th year. He was the son of Dr. William Prowse and grandson of Dr. James Prowse, who practised in St. James Barton. He received his early education at Amersham College, and subsequently became a student at the Liverpool School of Medicine, and St. Mary's Hospital, London. He took the diplomas of M.R.C.S.Eng. in 1877 and F.R.C.S. in 1882, graduated M.B.Lond. with honours in medicine, forensic medicine, and obstetric medicine in 1878, and proceeded M.D. in 1881. He was appointed assistant surgeon to the Bristol Royal Infirmary in 1883, and in 1888 succeeded Dr. W. H. Spencer as physician, a post which he held until 1919, when he retired and was appointed honorary consulting physician. Dr. Prowse served for seventeen years as a lecturer on materia medica, pharmacology, and therapeutics in the Bristol Medical School, and was honorary financial secretary on the occasion of the Annual Meeting of the British Medical Association at Bristol in 1894. He was appointed to the command of the 2nd Southern General Hospital in 1919, with the rank of lieutenant-colonel R.A.M.C.(T.).

Dr. ARTHUR STORRS, who died at Capri on February 6th, received his medical education in Edinburgh and McGill Universities. He graduated M.D.McGill in 1876, and received the Edinburgh diplomas L.R.C.P., L.M. 1879, and the M.R.C.P. in 1882. A colleague of very long standing (A. D. W.) writes: We were both born and brought up in the Annapolis Valley, Nova Scotia, in sight of the Minas Basin of the Bay of Fundy, his father being rector of a parish near the famous Arcadian village of Longfellow's *Evangeline*. He was educated at Horton Academy and King's College. We studied medicine together at McGill University, and both came home and settled in practice on this side of the Atlantic—he in England and I in Scotland. From Barnsley he went to practise at Mexborough, and afterwards in Southport; three years ago he retired to Bovey Tracey, Devon. His work as a practitioner of medicine would have rejoiced the heart of the late Sir James Mackenzie; he was so precise and methodical, so anxious and exact in diagnosis, so careful of every interest of his patient, and so skilful in treatment. He was a connoisseur in old china, and croquet was his favourite recreation. He only allowed himself a brief summer holiday, often choosing to spend it among the Scottish

Highlands. His first wife, for many years an invalid, died not long after he retired. In October last he set out, after his marriage with Mrs. Romilly of Southport, for warmer climes, hoping to accomplish a long desired visit to Palestine. At Cannes he contracted a slight chill, which at Capri developed into bronchopneumonia, of which he died. The remains were brought to England and buried at Bovey Tracey. He leaves his wife and many friends to mourn his loss.

Dr. HERBERT LAVINGTON EVANS of Goring-on-Thames, who died on April 9th after a short illness, aged 65, was educated at Clifton College, Edinburgh University, and Guy's Hospital Medical School. He graduated M.B., C.M.Ed. in 1887. After serving as clinical assistant at the Bristol Eye Hospital he settled in practice at Goring some thirty-six years ago. He was assistant medical inspector of schools, medical officer and public vaccinator for the No. 2 District of the Bradfield Union, and medical officer to the Post Office. In his earlier days Dr. Evans was a fine athlete, and during three seasons played for Scotland in international Rugby football matches. He was a member of the Reading Division of the British Medical Association.

Dr. HENRY TRENTAM MAW, who died at Westcott, near Dorking, on April 23rd, aged 58, was educated at Repton and Christ's College, Cambridge, and studied medicine at St. Bartholomew's Hospital. He took the diplomas of L.R.C.P. and M.R.C.S. in 1892, graduated M.B., B.Ch.Cantab. in the following year, and proceeded M.D. in 1896. He served as house-surgeon at the Leeds General Infirmary and the Hospital for Sick Children, Great Ormond Street, and resident medical officer at the Royal Hospital for Diseases of the Chest, City Road. He had been a partner in the well known firm of Messrs. S. Maw, Son and Sons, Ltd., since 1901, and became chairman of the board of directors on the death of his brother, Mr. C. T. Maw, in 1918.

Dr. ALEXANDER CHRISTY WILSON, who died at Doncaster on April 27th in his 80th year, was the son of Mr. Walter Wilson of Hawick. He received his medical education at the University of Edinburgh and in Paris, took the diploma of L.R.C.S.Edin. in 1866, graduated M.B., C.M.Edin. in 1867, and proceeded M.D. in 1870. After holding resident posts at the Edinburgh Royal Infirmary, he settled in practice at Doncaster some fifty-five years ago. For over forty years he was an honorary surgeon to the Doncaster Royal Infirmary, and on his retirement was appointed consulting surgeon. He was a member of the Royal Medical Society of Edinburgh, and had served as president of the Leeds and West Riding Medico-Chirurgical Society and of the Yorkshire Branch of the British Medical Association. In 1923 he and his wife celebrated their golden wedding. He is survived by his widow and two sons, both of whom are members of the medical profession.

Dr. ARTHUR HEFFTER, director of the Institute of Pharmacology in Berlin, and author of various works on pharmacology and toxicology, has died at the age of 65.

Dr. SIDNEY ALRUTZ, director of the Institute of Experimental Psychology at Upsala, and well known for his investigations on the sensibility of the skin, has recently died.

Dr. GIUSEPPE RUGGI, formerly senior surgeon to the Ospedale Maggiore, Milan, and one of the pioneers of Listerism in Italy, and **Dr. GAETANO GAGLIO**, professor of pharmacology in the University of Rome, and author of a well known treatise on pharmacology, have recently died.

M. ALEXANDRE MALOINE, the well known Paris medical publisher and bookseller, has died at the age of 76.

Medical News.

DURING his visit to Sierra Leone the Prince of Wales made an inspection of the Sir Alfred Lewis Jones Tropical Research Laboratory. This branch of the Liverpool School of Tropical Medicine was built after the war out of funds bequeathed by the founder of the Liverpool School of Tropical Medicine. Sir Alfred Jones, aware of the handicap to commercial development caused by the diseases of tropical West Africa, wished that research institutes for the study of such diseases should be established in places where these diseases are rampant; Sierra Leone was the first locality chosen by him. His Royal Highness with his staff visited the laboratory on April 7th and was met by the Director, Professor B. Blacklock, with Mrs. Blacklock, Dr. Gordon, assistant director, and Dr. Macdonald, research assistant. A series of exhibits was shown, illustrating the life-histories of insects and parasites.

The appeal on behalf of the British Institute of Radiology, to which we referred on November 8th, 1924 (p. 872), has resulted in a sum of £1,680 being received up to April 10th, of which £238 was definitely allocated to the Reid Memorial Fund. This sum has been mainly contributed by radiologists, and, in order that the total amount required (£6,000) may be obtained, it will be necessary for the general public, as well as members of the medical profession other than radiologists, to co-operate.

PROFESSOR ELLIOT SMITH will deliver a lecture, with lantern illustrations, on "The Taungs skull—missing links" at University College, London, on Friday, May 22nd, at 5.30 p.m. The proceeds from the sale of tickets will be devoted to the St. Christopher's Working Boys' Club, which is largely maintained and organized by the students and staff of University College. Particulars can be obtained by sending a stamped addressed envelope to Miss Husbands, University College, London, Gower Street, W.C.1.

THE annual oration before the Medical Society of London will be delivered by Sir William Hale-White, K.B.E., M.D., on Monday evening next, May 11th, at 9 o'clock. The subject is "The medical career of John Keats." The president, Dr. Eustace M. Callender, C.B.E., will receive Fellows and guests at 8.30 p.m., and the oration will be followed by a *conversazione*.

THE next dinner and smoking concert of the Cambridge Graduates' Medical Club will be held at the Langham Hotel, Portland Place, W.1, on Wednesday, May 27th, at 7 for 7.30 p.m. The president of the club, Sir Humphry Rolleston, Bt., K.C.B., P.R.C.P., Regius Professor of Physic in the University of Cambridge, will take the chair. The price of the dinner, exclusive of wine, is 10s. 6d. The honorary secretary is Mr. W. H. C. Romanis, F.R.C.S., 31, Harley Street, W.1.

THE dinner of the Queen's University Club, London, will be held at the Connaught Rooms, Great Queen Street, on Thursday, May 21st. Among the guests will be Lord Carson, Mr. Winston Churchill, and Sir John Ross, formerly Lord Chancellor of Ireland.

THE annual dinner of the Harveian Society of London will be held at the Connaught Rooms, Great Queen Street, on Thursday, June 11th, at 7.30 p.m.

THE next quarterly meeting of the Medico-Psychological Association of Great Britain and Ireland will be held on Thursday, May 21st, at the house of the Medical Society of London, at 2.30 p.m., when Dr. J. Shaw Bolton will deliver the Maudsley Lecture, entitled "Mind and Brain."

TWO Chadwick public lectures (illustrated with epidiascope and lantern slides) will be given in London this month by Dr. Emile Brumpt, professor of the Faculty of Medicine in the University of Paris. The first, on how to conduct an antimalarial campaign, will be delivered in the Barnes Hall, Royal Society of Medicine, 1, Wimpole Street, W., on Monday, May 25th, at 5.15 p.m., with Sir William J. Collins in the chair. The second, on the prophylaxis of sleeping sickness, will be delivered in the lecture room, Royal Society of Arts, John Street, Adelphi, W.C., on Friday, May 29th, at 5.15 p.m., with Sir James Crichton-Browne in the chair. Immediately preceding Professor Brumpt's first lecture the Chadwick Gold Medal and Royal Air Force Prize of £100 will be presented to Wing-Commander Harold E. Whittingham, who during the past five years has specially assisted in promoting the health of the men of the Royal Air Force. This award is made in accordance with the scheme of the Chadwick Trust, upon the nomination of the Director of Medical Services, R.A.F.

THE London (Royal Free Hospital) School of Medicine for Women has purchased 6½ acres of freehold land at Sudbury for a sports ground for the students of the school.

THE Fellowship of Medicine announces that on May 12th, at 5.30 p.m., Mr. J. P. Lockhart-Mummery will lecture at No. 1, Wimpole Street, on the diagnosis and treatment of internal piles. From May 18th to 29th the London Temperance Hospital will hold a course for general practitioners; a clinical demonstration will be given at 4.30 p.m., followed by a short lecture at 5.30. A course in psychological medicine at the Maudsley Hospital began on May 4th. The Central London Throat, Nose, and Ear Hospital will hold a special course from May 11th to 30th, consisting of clinical demonstrations with out-patient clinics and ward rounds; an operative surgery class will also be arranged. From May 18th to the end of the month there will be a special course at the Infants Hospital, consisting of lectures, out-patients' clinics, "round table" consultations, and visits to four different centres outside the hospital. There will also be a two weeks' course in dermatology from May 18th at the Hospital for Diseases of the Skin, Blackfriars; instruction will be given in the out-patients' department from 2.30 p.m., with a special demonstration on selected cases on May 19th, together with venereal clinics twice weekly. There will be courses in June at the Victoria Park Hospital for Diseases of the Heart and Lungs, the Chelsea Hospital for Women, the London School of Hygiene and Tropical Medicine, the London Lock Hospital, and an intensive course at the London Temperance Hospital and associated hospitals. Full particulars of these courses may be obtained from the Secretary of the Fellowship of Medicine at No. 1, Wimpole Street, W.1.

THE party arranged by the Inter-State Post-Graduate Assembly of America, which is to visit this country in June under the leadership of Dr. Charles Mayo, will spend the first week in London, where it will visit a large number of hospitals and medical institutions. The Duke of York will attend the opening ceremony on June 2nd. On June 2nd there will be a garden party at the London Hospital, when Dr. Charles Mayo will present the prizes to students. On June 3rd there will be an evening reception at the Royal Society of Medicine, and on June 4th a garden party at St. Bartholomew's Hospital. On June 5th there will be an afternoon reception at the Royal College of Surgeons, and on the evening of the same day Dr. Mayo and the members of the advisory committee of the Inter-State Post-Graduate Assembly of America will give a dinner at the Guildhall. On the afternoon of June 6th a garden party will be given at Crewe House by H.E. the American Ambassador and Mrs. Houghton, and in the evening of that day Dr. Mayo will be entertained to dinner by the Section of Surgery of the Royal Society of Medicine. The party will afterwards visit Manchester, Liverpool, Leeds, Dublin, Belfast, Glasgow, Edinburgh, and Newcastle, and will then proceed to Paris.

THE Board of Education has issued a revised form of the report in connexion with the medical examination of mentally deficient children (Form 306 M, or Schedule F, of the Board's Revised Model Arrangements). Local authorities will be permitted to use alternative forms, provided that such forms are so constructed as to include the same information as in the new form. The Board has also issued a revised form of report or use by head teachers in the case of children whose education is retarded (Form 41 D), certain recognized tests of scholastic attainments, reprinted from Burt's *Handbook of Tests for Use in Schools*, being incorporated in it. Certificate forms (311 M and 312 M) have now been provided for the purpose of reporting to the local authority cases in which a child is an idiot, imbecile, or moral imbecile.

SIR GILBERT WHEATON FOX of Liverpool bequeathed £2,000 to the Liverpool Royal Infirmary, £1,000 each to the Royal Southern Hospital, the David Lewis Northern Hospital, the Stanley Hospital, and the Birkenhead Borough Hospital. Miss Mary Russell of Manchester, who left estate of the gross value of £60,618, with net personalty £60,525, directed that after the fulfilment of a number of personal legacies the residue of the property is to be divided between the Christie Hospital Cancer Pavilion and Home, St. Mary's Hospitals, Manchester, the Manchester Royal Infirmary, the Manchester Eye Hospital, the Salford Royal Hospital, and the Royal National Lifeboat Institution. Sir William C. Gray of Bedale, Yorks, who died in November last, bequeathed £5,000 to the Hospitals Trust of the Hartlepoons and £2,000 to the Victoria Homes, West Hartlepool.

THE Cambridge University Press announces for early publication Volume XIX of the Royal Society's *Catalogue of Scientific Papers*, covering the letters T-Z during the years 1884-1900.

THE fifth Northern Surgical Congress will be held at Copenhagen, under the presidency of Professor Rovsing, from June 25th to 27th, when the following subjects will be discussed: treatment of acute osteomyelitis and its sequelae; non-tuberculous disease of the adnexa; tuberculosis of the kidneys and urinary tract. The general secretary is Professor P. Bull, Incognitogade 26, Oslo, Norway.

IT is proposed to erect a new nurses' home in connexion with the Elizabeth Garrett Anderson Hospital at a cost of £15,000 as a memorial to the ninety-seven members of the Overseas Nursing Services who died in the war. A reception will be held by the Dowager Marchioness of Duferin and Ava, chairman of the Memorial Fund, in the Conference Hall, Wembley, on May 23rd, at 3.30 p.m. Subscriptions should be sent to her at the Elizabeth Garrett Anderson Hospital, 144, Euston Road, N.W.1, and further information can be obtained from the Secretary, Overseas Memorial Committee, at the same address.

A SYMPATHETIC obituary notice of Sir James Mackenzie, with a portrait, appears in *Il Policlinico* of April 20th.

A COURSE of instruction in diagnosis of diseases of the heart will be held at Nauheim from May 25th to 30th. Further information can be obtained from Dr. Gabriel, Zander Institut, Nauheim.

A CONGRESS of physiotherapy will be held at Leningrad, under the presidency of Professor A. S. Brustein, from May 23rd to 27th, when the following papers will be read: heliotherapy, by Professor Brustein; ionotherapy, by Professor S. B. Vermet; physiotherapy of arthropathies, by Professor A. L. Polianov; physiotherapy of endocrine disturbances, by Professor G. Mezernizky.

THE volume of the report on the Census of England and Wales (1921), dealing with dependency, orphanhood, and fertility, was issued on May 7th. It contains 252 pages of tables, 230 of them relating to dependency, including particulars of the numbers and sizes of families of children under 16 years. Its price is £1 10s.

THE Royal Society will give its first conversazione for this year on the evening of Wednesday next, May 13th.

THE medical faculty of Copenhagen has offered a prize of 5,000 kronen for the best critical study of the modern surgery of the sympathetic nervous system.

Letters, Notes, and Answers.

ALL communications in regard to editorial business should be addressed to **THE EDITOR, British Medical Journal, 429, Strand, W.C.2.**

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

Matter intended for the current issue should be posted so as to arrive by the first post on Monday, though in special circumstances urgent communications can usually be received on Tuesday morning.

Authors desiring REPRINTS of their articles published in the BRITISH MEDICAL JOURNAL must communicate with the Financial Secretary and Business Manager, 429, Strand, W.C.2, on receipt of proofs.

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, W.C.2. Attention to this request will avoid delay.

The TELEPHONE NUMBER of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is GERRARD 2630 (Internal Exchange).

The TELEGRAPHIC ADDRESSES are:

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

QUERIES AND ANSWERS.

"X" writes: I have a patient who has the greatest dread of thunderstorms. Can any reader suggest a plan for giving relief?

"BORNEO" writes: I have a patient who is not a true "bleeder," but who, on having three teeth extracted, nearly bled to death. That is fifteen years ago. His teeth are now in a very bad state and should all be extracted. What is one to do to prevent recurrence of the bleeding?

THE TREATMENT OF FIBROSITIS.

Dr. R. CHALMERS (Darlington) asks for information as to the dose of tribasic potassium phosphate recommended by Dr. Ellis during the discussion on the nature, prevention, and treatment of fibrositis, reported in our columns on March 14th (p. 509).

The dose is not given in any book of reference to which we have access, but Dr. Ellis informs us that it should be 2 grains and upwards, according to results. It may disagree and produce general discomfort. It is contraindicated in "alkaline thin gastro-neurasthenic cases." Dr. Ellis adds that the drug should be given carefully; he has gone as high as 10 grains three times daily, but very rarely.

RELAPSE IN MEASLES.

"G. P." asks: Is there such a thing as a relapse in measles? I can find no reference in the textbooks. Three sisters had typical measles recently; seventeen days later the eldest girl again came out in a typical measles rash, with slight elevation of temperature, injected eyes, and cough. Can this be a true relapse, and must the quarantine period be again extended?

** We find the following references, but they leave the final question unanswered:—Allbutt and Rolleston's *System of Medicine*: "It has sometimes been asserted that relapse is of common occurrence in measles, but it seems clear that a true relapse is a very rare event. Some of the cases quoted as examples of relapse are really instances of irregular development of the rash; others rest, apparently, upon an error of diagnosis—the first or the second eruption being in reality that of German measles." Osler and McCrae's *Principles and Practice of Medicine* (ninth edition): "Relapse is occasionally seen, the symptoms recurring at intervals from ten to forty days; but it is not always easy to say whether there may not have been new infection from without."

LETTERS, NOTES, ETC.

EASY WRITING AND HARD READING.

WE are indebted to Dr. C. O. Hawthorne for the following postscript to the note under this heading (April 25th, p. 812), in which he quoted from Moore's *Life of Sheridan*, where it is stated to be quoted from *Clio's Protest*:

I think I have run the couplet to earth. In the form I sent it to you it appears, as stated, in Moore's *Life of Sheridan*, but the page is not 155 but 55. Further, the couplet is quoted alone—I mean without its context. *Clio's Protest* is a topical or personal set of verses apparently intended to scarify a certain "poetaster," and it includes references to a number of persons indicated by initials or by an initial and dashes. Probably no one could now interpret the references, and I take it that this limited interest of the *Protest* explains the exclusion of the lines from volumes offered as *The Works of Sheridan*. They appear, however, together with other odd verses, in two different volumes which I have seen at the British Museum. But there is a disappointment. The full-blooded vigour of "d—d hard reading," as you quoted it, was somewhat reduced in the lines of the *Life*: it became "curst hard reading." A still milder tone marks the original (Thomas Moore did not quote it correctly): it runs "vile hard reading." I have a suspicion that somewhere in Macaulay the "d—d hard reading" may be found, but I cannot turn up the reference. I now send the lines and the immediate context, and plainly they bear out the interpretation you have placed on them:

"If in my strictures I've been free
—You know the Muse's liberty.
How'er I'll make all matters equal
By wholesome council, in the sequel.
And first leave *Pan-gyrick*, pray;
Your genius does not lead that way;
You write with ease to show your breeding,
But easy writing's vile hard reading."

From *Clio's Protest*, or the *Picture Varnished*.

TO RELIEVE PAIN IN BURNS AND SCALDS.

Dr. W. F. MOORE (Kingsbury, Tamworth) writes to recommend as a simple and effective application for pain in burns and scalds equal parts of linseed oil and lime water, with the addition of half an ounce of tincture of opium to each eight ounces. This, he says, stops the pain quickly and is excellent treatment during the painful stage in very severe and very extensive burns. Later he applies an antiseptic, such as boric acid ointment.

ERRATUM.

IN the report of the discussion on puerperal sepsis at the Congress of Obstetrics and Gynaecology, published on May 2nd (p. 831), Dr. F. J. McCann is reported to have expressed the opinion that "puerperal general infection" would be a better term than "puerperal sepsis." The word "general" was a misprint for "genital." He thought it desirable to retain the word "infection" because it brought home the fact that puerperal infection was comparable with wound infection in general surgery.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 35, 36, 37, 40, and 41 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 38 and 39.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 199.