

to the aorta, and so to any artery of the body. Osler has recorded a case of hemiplegia *in utero*; the mother had typhoid fever, and the embolus was derived from the placenta and would have taken some such course. While this route in my case is theoretically possible, from a practical point of view I do not think it can hold, otherwise emboli in various parts of the infant's anatomy would be much more common than they are. It seems to me that such a rare occurrence is likely to be caused by some abnormality, and I would suggest an abnormal umbilical artery on the right as the most probable. The normal hypogastric artery arising from the internal iliac gives off several branches before it ends as the umbilical. In the separation of the cord, should that artery become detached from its moorings, a clot against the blood stream could not get beyond one or two branches. But if the umbilical was a separate one, derived from the common or external iliac, the giving way of this might easily shoot out the clot into the stream to the leg, and, being without branches to moor it, the elastic action would be the stronger.

With the help of Neale's *Digest* and the *Index Medicus* I have hunted up the cases of infantile gangrene in English. The great majority are in older children, and occur as part of other diseases, notably sepsis or syphilitic arteritis; or in Raynaud's disease, where the areas are multiple and smaller. One case only have I been able to find that at all approaches this case.¹ In that the child when first seen was 2 weeks old and died the next day. We are not told the date of the first appearance, but it was supposed to have begun below the knee. At the examination the left leg and thigh were affected. *Post-mortem* examination confined to the femoral artery showed no signs of embolus of that vessel.

I am tempted to add one case which, though inappropriate, is worth resurrection.² The doctor was called to see a woman, aged 40, who had three children alive; these births had been followed by three miscarriages, and being now pregnant she was anxious to have a live child, as she thought her health would be improved by nursing. She was obese, but the doctor felt sure he heard a faint foetal heart, so that he was able to reassure the parents. On making a vaginal examination he was surprised to find already a breech presenting, and still more surprised to bring down two gangrenous legs, the integument coming away in his hand. Meantime the woman had one pain, and a baby which cried lustily and lived for twenty-four hours was shot into the world! The address of the recorder is given as New York.

REFERENCES.

¹ Reed: BRITISH MEDICAL JOURNAL, 1881, i, p. 539. ² *Lancet*, 1888, ii, p. 1173.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

STRIDOR ACCOMPANYING MEASLES.

DURING epidemics of measles in recent years few serious cases have occurred, but last winter the type was much more severe. Stridor appears to be one of the more rare accompaniments, for the following case has been the only one seen in the last two or three hundred cases. Ker, in his *Manual of Fevers*, mentions the possibility of measles being confused with diphtheria when laryngeal symptoms occur, and Still, in his *Common Disorders and Diseases of Childhood*, quotes a similar perplexity to that which presented itself in the following case.

I first saw X, a boy aged 5, at 5.30 p.m. on March 4th. Ten days previously he had been in contact with a child who subsequently developed a typical measles rash. His eyes were heavy and he looked "measly." His temperature was 101°, pulse 100. There was no abnormality in the throat or chest, no Koplik's spots could be seen, nor was any rash present.

The following day he was much the same, but when seen on March 6th at 11 a.m. the temperature was 102°, pulse 120, respirations 40, and he had developed a croupy cough without pulmonary signs. The tonsils were now considerably enlarged, but no exudation or membrane could be seen. In addition to this he had marked stridor, his cheeks were slightly cyanosed, and although he seemed bright in speech he showed no inclination to sit up. At 6 p.m. the stridor seemed more marked and his pulse and temperature were unchanged. As by 10 p.m. there was still no

sign of a rash or confirmatory evidence of measles in the shape of Koplik's spots, 4,000 units of diphtheria antitoxin was injected subcutaneously, hot applications to the throat were given, and a steam kettle ordered.

On the following day at 10 a.m. his temperature was 103.4°, pulse 128; the stridor was, if anything, slightly less marked, and a few macular spots were visible on the face and behind the ears. By 2 p.m. the rash on the face was quite definite and his temperature had fallen to 102.5°, whilst by 9.30 p.m. the temperature had declined another degree and the case was quite obviously one of morbilli.

Subsequent progress was uneventful. Although the breathing continued noisy for some days, the temperature fell to normal on March 9th, and in spite of the severity of the attack he was able to get up ten days from the first onset of his symptoms.

On examination for Klebs-Loeffler bacilli a swab of the throat proved to be negative.

Tooting Graveney, S.W. E. G. HOUSDEN, M.B., B.S.Lond.

NOVASUROL AND HYPERTONIC SALINE IN CHRONIC OEDEMA.

REFERENCE has been made in these columns to the diuretic properties of novasurol and its beneficial dehydrating effects on oedema of a generalized type. There are certain advanced cardiac cases, with possibly a recurrent attack of "water-logging," where the effect of the drug, given alone, may not be so gratifying—cases where digitalis has done its utmost in steadying rhythm and increased output—and yet the oedema of arms, legs, and cavities persists.

It seems likely that the prolonged malnutrition of the capillary walls makes it difficult for the tissue spaces to yield up their excess of fluid into the "active" circulation under the osmotic conditions prevailing. In such instances I have found that the addition of 20 to 30 c.cm. of 2 per cent. saline to each dose of novasurol (doses gradually increasing from 0.5 to 2 c.cm., given intravenously at intervals of four or five days) produces a markedly increased diuresis. By such means the output of urine—controlled by injections of the drug alone—has been increased by as much as 20 to 30 oz. in the twenty-four hours following injection.

It seems that the hydraemia thus induced is of sufficient duration to enable the kidneys to excrete (under the influence of novasurol) the additional urine before osmotic equilibrium is reinstated in the tissue-capillary areas. Moreover, the common complication of diarrhoea has been absent—a fact which recalls Sir Leonard Rogers's treatment of Asiatic cholera.

D. M. B. EVANS, M.R.C.P.,
M.B., B.S.Lond.

Carshalton, Surrey.

POISONING BY THE PRODUCTS OF COMBUSTION OF TOBACCO APPLIED TO THE SKIN.

LATE one evening we paid a visit, urgently requested, to a small girl, whom we found lying in bed asleep; her skin was pallid, and although it was a hot night in June she seemed very cold; the pulse was very weak, and the breathing infrequent and sighing. When aroused the eyes turned upwards, and she was slightly delirious, with gentle retching.

The illness had commenced an hour before with severe vomiting; it followed a vigorous rubbing of her trunk and limbs with a mixture of writing ink and scrapings from an old tobacco pipe (dottle). This her mother had done to cure a very diffuse attack of "ringworms."

Having given the child a quick scrub with hot water and soap, we had the pleasure of seeing a very rapid improvement in vasomotor tone; she would fall asleep as if from intense weariness, but could be progressively more easily aroused. The next day she seemed well, and has remained so.

No doubt most doctors could creditably pass an examination on the physiological action of tobacco, but many, perhaps, will scarcely have realized the great potency of these products even when merely inuncted. Everyone has heard that a dog can be killed by a drop of nicotine placed on the conjunctiva; and one has felt oneself sinking in the swamps of Acheron after embarking upon the adventure of a first smoke, and that of "black shag." Moreover, interest attaches to the phenomenon of absorption of drugs by the skin. Wherefore we feel that this case should be recorded, as it may be appreciated by

pharmacologists, one or more of whom may perhaps be inclined to tell us the name of the essential noxious substance found in the foul bowl of a well used tobacco pipe.

Luff refers to a case of nicotine poisoning by skin absorption, but is nicotine contained in the dottle?

J. O. JONES.
C. E. MORRIS.

Holywell, North Wales.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

OXFORD DIVISION.

THE second meeting of the year of the Oxford Division was held in the Radcliffe Infirmary on March 24th. In the absence of the chairman, Dr. DUIGAN presided over an attendance of forty members.

American Methods in British Hospitals.

The administrator of the Radcliffe Infirmary, Mr. A. G. E. SANCTUARY, M.A., read a paper on the development of British hospitals on American lines. He wished to see in-patient hospital facilities for all three classes of the community. At present there were not enough beds for the poorer classes, practically none for the middle classes, while the richer members of the community were not satisfied with the existing extravagant nursing homes. The problem should be tackled as a whole, and the quickest and best solution would be for the voluntary hospitals to provide accommodation for every class. The first class of patient already contributed a good deal; the second class, by an insurance scheme, could pay more than the actual cost of maintenance and treatment; and the third section of the community would be glad to pay an amount for the advantages of a fully equipped hospital that would leave a handsome profit. Mr. Sanctuary gave it as his opinion that this form of development of British hospitals would be good for all classes of the lay community, for specialists, and for private doctors, and would make the hospitals safe for all time.

Pachymeningitis Haemorrhagica Interna.

Dr. WATERS read notes of a case of pachymeningitis haemorrhagica interna which had recently been under his care in the hospital.

The patient was a woman, aged 76, who was quite well until two months before admission. She then began to complain of headache, deafness, giddiness, and defective vision. These continued for about five weeks, when her doctor sent her to the Radcliffe Infirmary. For ten days after the patient's admission to hospital there was very little change in her condition. Persistent and severe occipital headache was the chief symptom; she was quite rational. At the end of this period, however, she became definitely "mental" and rapidly sank into a stuporous condition and died in about a fortnight.

At the necropsy, on opening the skull, the inner aspect of the dura showed a marked haemorrhagic layer. There was oedema of the pia mater. The haemorrhage under the dura was in a stage of organization, extending over the vertex and both occipital lobes. The dura was stained in the middle and anterior fossae. The posterior fossa was free. Over the vertex the pia was stained yellow. The middle cerebral arteries were thickened and there was some increase in size of the lateral ventricles.

Dr. MALLAM showed a case of lupus erythematosus and a case of urticaria pigmentosa.

Modern Treatment of Deafness.

Dr. GEORGE CATHCART gave an address on the modern treatment of deafness. He began by remarking that it had to be remembered that otology was one of the youngest branches of science, and only of late years had anything begun to be done for the deaf; the knowledge gained by specialism had still to filter through till it became part of the ordinary curriculum of the medical student. Yet prevention was beginning to play its part. Already there was a great change in the type of case seen in adult life; a few years ago the mastoid operations that had to be done for chronic ear discharge in order to save life were infinitely more numerous than at the present day, and no doubt that was because of the greater care taken of the ears during the course of measles and scarlet fever, and also because of the more frequent removal of adenoids. Chronic catarrhal otitis media was undoubtedly the com-

monest form of deafness, and yet it was the only form which was not hereditary, and might be prevented by the removal of adenoids and enlarged tonsils in childhood; catarrhal otitis media ought to be curable if treated in the early stages. A few years ago the presence of an intact drum and ossicles was considered an absolute essential to hearing, and a large number of the laity, even the well educated, still raised strong objections when the question of paracentesis was mooted. It was now known, however, that the sounds reached the inner ear by means of the round window, and so long as that was healthy it did not matter so much about the drum. For nerve deafness hitherto there had been no treatment. The sufferers were told to try various drugs; not to stop smoking; not to worry; to lead a godly, righteous, and sober life in the future, if they had not done so in the past; and, above all, not to waste any more money on doctors, as no one could do them any good. Nor was the prospect any more pleasing when one turned to the treatment of chronic otitis media: Sir William Milligan had given it as his opinion that there had been no substantial progress in the treatment of adhesive catarrh of the middle ear during the past twenty years. Dr. Cathcart said that for many years he had been of the same opinion, and had got tired of having to tell so many patients, after the classical remedies had failed, that nothing more could be done for them. A few years ago, however, he heard, through an old patient who had been successfully treated by it, of a new method of treating chronic progressive deafness—namely, the electrophonoide method originated by M. Zund-Burguet of Paris. The electrophonoide was an instrument which reproduced the sound vibrations of the whole gamut of the human voice, and thus gave a physiological stimulus to the ear. The sounds produced were of varying quality and were variable at will; they were transmitted to the ear by telephonic receivers which could be adjusted to the sensitiveness of each ear. Finally, a secondary current, producing a gentle short-wave vibratory massage of the ear, was superimposed on the primary one which made the sounds; it was to this double action that the successful results were attributed. This method of treatment laboured under the disadvantage that it was not possible to tell from any tests made beforehand whether it would be successful or not. There was a factor in deafness as yet unrecognized, the presence—or it might be the absence—of which determined the result. The usual course of treatment consisted of thirty sittings, but on account of this unknown factor it was necessary to give a preliminary course of twelve sittings to find out whether it was worth while to continue or not. The speaker had recently published, in detail, a list of 100 cases, of all ages, treated by this method, 34 suffering from nerve deafness, 33 from chronic otitis media, and 33 from otosclerosis; they had all been pronounced by other otologists to be hopeless and incurable. By the electrophonoide method of treatment 81 per cent. of the cases of nerve deafness improved, 67 per cent. of the cases of chronic otitis media, and 55 per cent. of the cases of otosclerosis. Thirty-six of the 100 cases also suffered from noises in the head, which ceased after treatment in 72 per cent., while in the remainder they were much lessened. Dr. Cathcart was strongly of opinion, therefore, that the electrophonoide method, when properly carried out, was the most important advance in recent years in the treatment of chronic deafness and tinnitus.

Reports of Societies.

RICKETS.

At a meeting of the Manchester Medical Society on March 31st, Professor A. H. BURGESS, the President, in the chair, a discussion on rickets was held.

Dr. T. A. GOODFELLOW briefly summarized the research during the past fifteen years, prefacing his remarks with a short statement of the views held upon the etiology and treatment of rickets prior to 1912. He referred to the discovery of the accessory food factors in that year by Gowland Hopkins as the starting-point of the intensive research of recent years, and criticized the various theories as to the causation of the disease. At the present time

Berlin in medical study, and in 1872 commenced medical missionary work at Deoli, in Rajputana. At the special request of the United Presbyterian Church of Scotland he then went to Udaipur, where he founded the celebrated Rajputana mission. His outstanding medical skill and organizing ability, particularly during epidemic outbreaks in this town, won for him the admiration of Rudyard Kipling, who wrote a tribute to him under the title of "A good man's works in the wilderness" (in *Letters of Marque*). In addition to founding the Rajputana Mission Hospital and church, he established a school for Bhils and an asylum for lepers. In 1898 Aberdeen University conferred upon him the honorary degree of D.D., to signalize the completion of twenty-five years' work as a missionary. In 1901 he received the Kaisar-i-Hind medal of the second class, for public service in India, and in 1914 the medal of the first class. He was a member of the British Medical Association.

Dr. JOHN EDGAR PERCIVAL SHERA, who died on April 1st, aged 52, received his medical education at Dublin; he obtained the diplomas L.R.C.P. and S.I. and L.M. in 1895, and the M.D.Brux. degree in 1903. His professional life was almost entirely devoted to mental diseases, and his appointments included those of assistant medical officer to the Kent County Asylum, senior medical officer to the Somerset and Bath Mental Hospital, and medical superintendent of the Bath and Wells Mental Hospital for the last six years. Dr. Shera was a visitor under the Lunacy and Mental Deficiency Acts, and a member of the Royal Medico-Psychological Association. During the war he held a commission in the R.A.M.C., and served in Salonica and North Russia. He was a member of the Somersetshire county panel from 1922 to the time of his death. Great sympathy is felt with his wife and other members of his family.

Dr. GEORGE KILWORTH SHERMAN BIGG, who died on April 4th, aged 71, was educated at Overslade, Rugby, and the Middlesex Hospital. He obtained the diplomas of L.S.A. in 1876, M.R.C.S.Eng. in 1887, and F.R.C.S.Ed. in 1888. He entered the army as surgeon in March, 1880, and served in the Egyptian war of 1882, receiving the medal and the Khedive's bronze star. From Egypt he went to India, where he was staff surgeon at Allahabad. At the expiration of his term of Indian service he served for a short time as staff surgeon at Dover, retiring with a gratuity in the spring of 1890. He then commenced practice in Westminster, and was a Fellow of the Royal Institute of Public Health, examiner to the St. John Ambulance Association, honorary medical officer to Queen Mary's Hostel for Nurses, and honorary surgeon to the Royal Society for the Prevention of Cruelty to Animals. He was the author of several medical and sanitary pamphlets, including *Baby's Health*, *The Anglo-Indian's Health*, *The Wife's Health*, *The Axioms of Diet*, *The Practical Treatment of Cholera*, and *Face and Figure*. He was a member of the Junior United Services Club, and was much respected and beloved by his many friends and patients. For some years past he had been in poor health, and was ultimately compelled to give up active practice in 1923.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following arrangements have been made for the third examination for medical and surgical degrees: Part I (surgery, midwifery, and gynaecology) will begin on June 15th and conclude on June 19th. Part II (principles and practice of physic, pathology, and pharmacology) will begin on June 16th and conclude on June 24th. The M.Chir. examination will be held on June 15th, 18th, and 19th. The names of candidates for the third M.B. and for the M.Chir. examinations should be sent to the Registry by April 27th.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council meeting was held on April 15th, when the President, Sir John Bland-Sutton, Bt., was in the chair.

It was decided that the Museum in future shall be kept open till 5 p.m. all the year round, instead of being closed at 4 p.m. from November to February.

Subjects for Prize Essays.

The subject for the Jacksonian Prize essay for 1927, "The pathology, diagnosis, and treatment of bronchiectasis and abscess of the lung," was approved. The subject approved for the Cartwright Prize for 1926-30 is "The etiology, pathology, and treatment of chronic general periodontitis" (pyorrhoea alveolaris).

Bradshaw Lecturer.

Mr. Ernest W. Hey Groves was appointed Bradshaw Lecturer for the ensuing year.

Fellowship.

The following Members of twenty years' standing were elected Fellows: Mr. George Buckston Browne (London), Mr. Thomas Herbert Bickerton (consulting ophthalmic surgeon, Liverpool Royal Infirmary).

Examiners in Dental Surgery.

Mr. Graham Simpson and Mr. Russell Howard were elected members of the surgical section of the Board of Examiners in Dental Surgery in the vacancies occasioned by the resignations of Mr. Raymond Johnson and Mr. Hugh Lett.

Cartwright Medal.

The Cartwright Medal, with an honorarium of £85, was awarded to James Sim Wallace, M.D., L.D.S.R.C.S., for his essay on "Variations in the form of the jaws, with special reference to their etiology and their relation to occlusion of the dental arches."

Walker Prize.

The Walker Prize of £100 was awarded to Dr. William Ewart Gye. The award was made in pursuance of the following report from the committee appointed to advise the Council in this matter:

"The work of Dr. Gye, which has been very materially assisted by the optical researches of Mr. J. E. Barnard, F.R.S., promises to throw light upon the hitherto unsolved problem of the causation of malignant disease. Taking as his starting-point the pioneer work of Peyton Rous upon fowl sarcoma, Dr. Gye produced from this tumour, by different methods, two fluids. Neither of these fluids when inoculated alone produced a tumour, but an inoculation of the mixed fluids in a healthy fowl was followed by the appearance of a sarcoma. The experimenter inferred in his further work that to produce a malignant growth two factors are necessary—first, a living virus which appears to be of extreme minuteness, and secondly, a chemical factor peculiar to each species of animal and effective only in that species. Dr. Gye has succeeded in cultivating this virus *in vitro*. Further, by a series of substitution experiments, he has shown that there can be obtained from human carcinoma and from malignant tumours of the rat and mouse a virus capable of acting with the 'specific factor' of the fowl to cause fowl sarcoma.

"These experiments, pursued with great patience and acumen over a long period and still in progress, suggest new and hopeful lines of attack upon the problem of the cause of malignant disease. Though it cannot yet be said that they have found practical application, they have already given to cancer research such a great stimulus, and such a new direction, as to justify the committee in recommending Dr. Gye for the Walker Prize."

Diplomas.

Diplomas of membership were conferred upon the following candidates who had passed the requisite examinations and complied with the by-laws:

E. L. Fothergill, J. Gray, A. Hobson, M. M. Raouf, S. T. Seccombe, C. C. Ungley.

Licences in dental surgery were conferred upon two successful candidates.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

THE following, having successfully passed the examination, have been admitted Fellows of the Faculty: P. V. Cherian, S. S. K. Hattiangadi.

CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examination indicated:

FINAL EXAMINATION.—*Medicine*: Ching E. Toh, W. Robinson, G. M. Macintyre, P. D. Samarasinghe, H. J. Fernando, A. G. Farguherson, J. A. Mains, A. H. Edgar, O. ap V. Jones, J. B. Hutchison, E. Fischbacher. *Surgery*: W. L. G. Jewitt, A. W. Scott, E. A. Y. MacKeown, C. H. A. S. B. Panlickpulle, H. J. Fernando, A. J. Brown, T. MacL. Ormiston, L. Checchi, J. G. Currie, W. Jackson, A. W. Dunn, K. Pallit. *Midwifery*: C. A. Basil, S. A. B. Hosang, E. P. Tulloh, T. A. P. Wynter, W. L. G. Jewitt, P. D. Samarasinghe, O. D. Beetham, C. H. A. S. B. Panlickpulle, D. R. Wark, Ann J. Brown, T. MacL. Ormiston, Emma C. M. Muschamp, L. Checchi, J. G. Currie, A. W. Dunn, C. V. Harrison, J. R. R. Nicholas, F. T. Shadforth, K. M. R. Swami, G. V. Boyle, J. B. Hutchison, E. C. Davies, J. T. M. Symington. *Medical jurisprudence*: R. J. Ormsby, H. N. MacLachlan, D. Gould, R. G. Paul, G. M. Johnson, G. R. Gardner, G. M. Fox, S. E. W. Boland, W. Robinson, M. M. Farguay, J. E. Mulholland.

Of 104 candidates entered, the following passed the Final Examination and have been admitted L.R.C.P.Ed., L.R.C.S.Ed., L.R.F.P. and S. Glasg.:

F. D. R. Wylie, H. Ellison, B. J. Hallion, D. J. Allan, J. L. Clark, R. W. Schuch, J. L. I. D'Silveira, W. C. Heslop, T. D. Gould, R. A. B. Leakey, W. L. P. Dassanayake, Minnie F. Varley, Catherine Millar, R. J. Snodgrass, F. G. Sinclair, J. Day, H. C. V. de Silva, E. H. Eastcott, N. J. A. Cooray, J. P. T. Mills, M. Camrass, G. M. Johnson, J. Walker, E. Stungo, O. L. E. P. Samarasekara, C. E. Millen, D. Isaacs.

The Services.

I.M.S. DINNER.

THE annual dinner of the Indian Medical Service will be held at the Trocadero Restaurant on Wednesday, June 16th. Major-General Sir R. C. Macwatt, C.I.E., has been invited to take 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, London, S.W.5.

THE PARKES AND THE ALEXANDER MEMORIAL PRIZES.

THE Parkes Prize, open to officers of the Royal Navy, Army, and Indian Army of executive rank on full pay, other than professors and assistant professors at the Royal Naval Medical School and of the Royal Army Medical College, is of the value of seventy-five guineas in money and a gold medal; the subject for the next competition will be "The means of spread, and methods of control of bacillary dysentery." The Alexander Prize, consisting of £50 and a gold medal, is open to executive officers of the Royal Army Medical Corps on full pay, other than professors and assistant professors at the Royal Army Medical College. The subject for the forthcoming competition will be "The various aspects of inflammatory middle-ear diseases, with especial reference to their relation to military service." Essays should be sent to the honorary secretary of the prize committee for the respective competitions, Royal Army Medical College, Millbank, S.W.1, on or before December 31st, 1928. Each essay must have a motto, and be accompanied by a sealed envelope bearing the same motto and containing the name of the competitor.

DEATHS IN THE SERVICES.

Major George Pritchard Taylor, D.S.O., M.C., R.A.M.C., died on April 5th, aged 45, at Mhow, Central India, of wounds inflicted by a tiger, which he encountered when out duck-shooting. He was born on September 10th, 1880, educated at Edinburgh, where he graduated as M.B. and Ch.B. in 1908, and entered the army as lieutenant on January 30th, 1909, attaining the rank of major after twelve years' service. He served throughout the recent war, when he was four times mentioned in dispatches in the *London Gazette* of June 15th, 1916, May 29th, 1917, December 24th, 1917, and December 30th, 1918. He was awarded the Military Cross on January 1st, 1917, the D.S.O. on January 1st, 1918, and a bar to the D.S.O. on November 7th, 1918. At the time of his death he held the appointment of the D.A.D.M.S. (Sanitary), Mhow Division.

Medical News.

THE pharmacological laboratories of the Pharmaceutical Society of Great Britain will be opened by Mr. Neville Chamberlain, Minister of Health, on Wednesday, May 5th, at 3 p.m. As we have already taken occasion to explain, the laboratories have been established by the society for the testing of those therapeutic substances which will be scheduled under the Therapeutic Substances Act, 1925. They comprise, among other substances, such important medicinal agents as digitalis, strophanthus, ergot, and pituitary extract, the purity and potency of which cannot adequately be determined by chemical means. The laboratories are being carried on under the direction of the council of the society, with the assistance of an advisory committee, including, among others, Sir Humphry Rolleston, Sir Nestor Tirard, Dr. H. H. Dale, and Professor W. E. Dixon of Cambridge.

To commemorate the services of Dr. Edmund Ralph Sircom, late medical officer under the West Ham Board of Guardians, who died on June 1st, 1925, aged 42, an inscribed marble tablet has been placed on a wall in the North-West Ham relief station, and was unveiled on April 8th. Eulogistic speeches were delivered on the services rendered by Dr. Sircom, and special reference was made to his invariable courtesy and kindness and devotion to the welfare of his patients. The fund for the tablet was raised by a collection from the recipients of outdoor relief, who had particularly desired that some permanent memorial should be erected. Dr. Sircom had been a member of the British Medical Association for many years, and during the war held the rank of surgeon lieutenant-commander, R.N.V.R.

THE presentation portrait of the late Sir Sydney Russell-Wells, M.D., F.R.C.P., painted by his nephew, Mr. John Wells, R.I., will be unveiled in the staff room of the Dreadnought Hospital, Greenwich, by Sir Humphry Rolleston, Bt., K.C.B., Regius Professor of Physic at Cambridge, on Tuesday, May 4th, at 3 o'clock. This portrait, which has been subscribed for by the friends and colleagues of Sir Sydney Russell-Wells, was on view at the Alpine Gallery in March; it represents him in his robes as Vice-Chancellor of the University of London. Any of his friends who desire to be present at the ceremony may obtain cards of invitation on application to Professor R. Tanner Hewlett, M.D., at the Seamen's Hospital, Greenwich, S.E.10.

THE fourth English-speaking Conference on Maternity and Child Welfare will be held at Caxton Hall, London, from July 5th to 7th inclusive, in connexion with the National Baby Week celebrations. The main subjects under discussion will be the care of the toddler, the care of the mother (expectant, at confinement, nursing, and post-natal), and the father's part in the child welfare movement. Lectures and film displays will be given during the evenings, and arrangements will be made for conducted motor tours to a number of maternity and child welfare institutions in London. A mothercraft exhibition organized by the Central Council for Infant and Child Welfare will be open daily. Further information and tickets for the conference may be obtained from Miss J. Halford, National Association for the Prevention of Infant Mortality, 117, Piccadilly, W.1.

AT a meeting of the Illuminating Engineering Society, to be held at the House of the Royal Society of Arts (John Street, Adelphi) at 7 p.m. on Thursday, April 29th, a discussion on school lighting (modern requirements and recent progress) will be opened by Dr. James Kerr (Chairman of the Joint Committee on School Lighting).

THE KING has confirmed the appointment of Dr. Lawson Gifford, District Medical Officer, Kingston, and Dr. David J. Williams as nominated members of the Legislative Council of the Island of Jamaica.

THE Fellowship of Medicine announces that Mr. Gwynne Williams will give a demonstration in clinical surgery at the Royal Northern Hospital on April 27th, at 2 p.m., to which members of the Fellowship and general course ticket-holders are invited. The last week of the course in urology at St. Peter's Hospital begins on April 26th. The Royal Waterloo Hospital will hold a three weeks' course in medicine, surgery, and gynaecology, beginning on May 3rd, on which date also a special course will start at the Central London Throat, Nose, and Ear Hospital. On May 9th the Infants Hospital will begin a two weeks' course with a morning visit on the Sunday to the Venereal Diseases Centre at Thavies Inn; on week-days the sessions begin at 2 p.m. at the hospital. The Royal Westminster Ophthalmic Hospital will hold a course during the first three weeks of May. On May 3rd a course in psychological medicine commences at the Maudsley Hospital and lasts until May 28th. Between the same dates the London Lock Hospital will hold a course in venereal diseases. Syllabuses and programme may be had from the Secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1.

UNDER the auspices of the British Institute of Philosophical Studies, Professor Leonard J. Russell will give a course of nine lectures on science and philosophy on Tuesdays, at 5.30 p.m., at Bedford College for Women, Regent's Park, beginning on April 27th. Particulars of the course can be obtained from the Director of the Institute, 88, Kingsway, W.C.2.

AT Bonn University 375 medical students, of whom 76 were women, were enrolled during the winter session.

THE late Dr. Henry Rayner, of whom an obituary notice was published in our issue of February 20th (p. 351), left estate valued at £41,334.

PROFESSOR ARTHUR HALL, M.D., F.R.C.P., has been appointed consulting physician to the South Yorkshire Mental Hospital, Sheffield.

DR. W. E. GYE will read a paper on the origin of tumours at the meeting of the Section of Surgery of the Royal Society of Medicine on Wednesday, May 5th, at 8.30 p.m. Afterwards Mr. J. E. Barnard, F.R.S., will give a demonstration on microscopical methods.

INVITATIONS have been issued by the Master and Wardens of the Society of Apothecaries to a dinner to meet the Lord Mayor and Sheriffs of London at Apothecaries' Hall, Blackfriars, on Wednesday, May 12th.

A THIRD edition of Sir StClair Thomson's textbook, *Diseases of the Nose and Throat*, will be published shortly by Messrs. Cassell and Co., Ltd. The work has been revised and considerably enlarged, and many new illustrations have been inserted.

PROFESSORS FRIBIGER of Copenhagen and Marinesco of Bucarest have been elected honorary members of the Société Anatomique de Paris. Professor Léon Frédéricq of Liège has been elected successor to the late Professor Bergonié in the section of medicine and surgery of the Académie des Sciences.

THE annual provincial meeting of the Fever Hospital Medical Service Group of the Society of Medical Officers of Health will be held at the Medical Institute, Great Charles Street, Birmingham, on Friday next, April 30th, at 2.15 p.m., when Mr. F. Brayshaw Gilbespy, assistant surgeon to the Birmingham and Midland Ear and Throat Hospital, will read a paper on ear and throat work in the acute infections.

THE KING has granted authority to Dr. Alexander Granville, C.M.G., C.B.E., late President of the Quarantine Board of Egypt, to wear the insignia of the Second Class of the Order of Ismail conferred upon him by the King of Egypt in recognition of valuable services rendered.

A CONFERENCE on mental welfare will be held, under the auspices of the Central Association for Mental Welfare, in the Central Hall, Westminster, on May 20th and 21st, under the presidency of Sir Leslie Scott, K.C., M.P. On the first day papers will be read by Mrs. Hugh Pinsent, Commissioner of the Board of Control, and Mr. J. Sandeman Allen, chairman of the West Lancashire Association for Mental Welfare, on the proper care of defectives outside institutions. In the afternoon papers on borderland cases will be read by Professor G. M. Robertson and Dr. W. R. Kemlo Watson. Under the presidency of Dr. H. B. Brackenbury the training of teachers for special schools will be discussed on the morning of the second day, when papers will be contributed by Miss M. M. Allan, Mr. G. B. Dodds, and Miss M. N. Russell. In the afternoon Dr. A. F. Tredgold and Dr. F. C. Shrubbsall will open a discussion on encephalitis lethargica and its after-effects. It is stated that the Minister of Health will be prepared to consider applications from local authorities, under the Mental Deficiency Act, 1913, whose accounts are subject to Government audit, and from boards of guardians, for sanction for the reasonable expenditure of two delegates. It is announced that a full report of the conference will be published at the cost of 3s. 6d., post free. A public lecture on moral imbeciles will be given by Dr. A. F. Tredgold, on May 20th, at Bessborough House, 1a, Lupus Street, S.W.1, at 5.45 p.m. Tickets for the conference and further information may be obtained from the honorary secretary, Central Association for Mental Welfare, 24, Buckingham Palace Road, S.W.1.

A MEETING of the Society of Superintendents of Tuberculosis Institutions will be held at 122, Harley Street, on Monday, April 26th, at 3 p.m., when papers will be read by Dr. F. R. Walters, on some needs and indications for treatment in pulmonary tuberculosis; by Dr. F. A. Lucas Hammond, on phthisical psychosis; and Dr. S. Roodhouse Gloyne, on the pathology of pleural adhesions in tuberculosis.

DR. C. VER HEYDEN DE LANCEY, L.M.S.S.A. and L.D.S.R.C.S.Edin., who is a British subject, has been appointed oral and dental surgeon to the King and Queen of Italy, the Royal Household, and the Prince of Hesse.

Letters, Notes, and Answers.

All communications in regard to editorial business should be addressed to **The EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

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.

Authors desiring REPRINTS of their articles published in the **BRITISH MEDICAL JOURNAL** must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, 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.

The **TELEPHONE NUMBERS** of the British Medical Association and the **BRITISH MEDICAL JOURNAL** are **MUSEUM 9861, 9862, 9863, and 9864** (internal exchange, four lines).

The **TELEGRAPHIC ADDRESSES** are:

EDITOR of the **BRITISH MEDICAL JOURNAL**, *Aitiology Westcent, London.*

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

MEDICAL SECRETARY, *Medisecra Westcent, London.*

The address of the Irish Office of the British Medical Association is 18, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 4737 Dublin), and of the Scottish Office, 6, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 4361 Central).

LETTERS, NOTES, ETC.

THE PROCEDURE OF THE GENERAL MEDICAL COUNCIL.

"HINDUSTAN," a British practitioner in India, writes: It seems to me that the present criticism of the General Medical Council in the public press at home is not due to any lack of appreciation by the public of the need of such a body to prevent the growth of abuses which would inevitably arise were the Council non-existent, but it is one of our national characteristics to regard

with suspicion the decisions of tribunals empowered to pronounce summary judgements without appeal, and for this reason those of a professional tribunal like the General Medical Council, which can to all intents and purposes determine without appeal the career of a professional colleague, are particularly suspect. I have been in the habit for many years of reading the proceedings of the General Medical Council, as reported in the **BRITISH MEDICAL JOURNAL**, and am convinced that the decisions of the Council are almost invariably both just and tempered with mercy. Nevertheless, I am in agreement with those who resent the practical absence of appeal from the judgements of the Council. The General Medical Council being under the Privy Council, any practitioner struck off the *Register* has, it would appear, the right of appeal to the Privy Council itself. This being so, I would suggest that it should be arranged that in future such appeals should be referred for consideration by the Privy Council to its Judicial Committee, that very illustrious body which is the highest court of judicature in the Empire. Were this done public opinion would be reassured and much irrelevant criticism of the Council from time to time in the public press obviated.

"NATURE STUDIES IN OBSTETRICS."

DR. CHARLES J. HILL AITKEN (Kilnhurst, near Rotherham) writes: In your leading article of May 16th, 1925, "Medical education: two lay views," you quoted from Mr. Flexner—Students "enter the hospital schools and with rare exceptions soon settle down to clinical study at a level much below the level of their physiological training." Perhaps graduates approach their work in the same way. In obstetrics we apply forceps, clear out placentas after miscarriage, etc., forgetting that, as someone has said, the uterus is a very efficient organ and well able to do its own work. The following nature studies in obstetrics show what the uterus can do: (1) The second of twins not being born I was sent for. I advised delay, and two days later the second child was born without any complications. (2) A patient miscarried. The afterbirth was retained. I saw no indication for hurry, so we waited. Four days later the uterus contracted energetically and expelled a healthy placenta and membranes. The patient certainly lost some blood, but was up and about a week later. I was informed by the neighbour in attendance that on one occasion she had waited a week for the afterbirth. (3) Fourteen days after an incomplete miscarriage a patient sent for me because she had a foul-smelling discharge. Her temperature was 105°. Hesitating to take on myself the responsibility of leaving this case to the uterus, I arranged for the removal of the patient to hospital. While waiting for a conveyance labour pains set in and a putrid mass (placenta and membranes) was deposited on the bed. A year later there was a full-time normal birth. (4) A multipara fell in labour on the seventh month. Following a great discharge of liquor amnii the uterus rested. The presentation was hand and cord. I judged I was in for turning; however, I decided to await uterine action before interfering. Ten hours later the uterus resumed its work and in four pains delivered foetus and afterbirth "in a mass." There was no haemorrhage.

TRIPLETS.

DR. FUKUSHIMA (Rangoon) sends us a note of a case of triplets which occurred recently in her nursing home. A Madras Hindu lady of about 39 years of age (seventh pregnancy) was delivered of a male child on February 21st, 1926, at 7.5 p.m. with head presenting; at 8.10 p.m. she was delivered of a female child, also head presenting; and at 8.30 p.m. another female child was delivered with breech presenting. She suffered from no pains after the delivery of the first child. The respective weights of the infants were 5 lb. 3 oz., 5 lb., and 5 lb. The male child had a separate sac with its cord, and the females were in one sac with separate cords originating from one placenta. All three children look alike and well developed. An early diagnosis of more than one foetus was made from the physical signs.

ANTIMONYALL CUPPS.

DR. GEORGINA F. MALDEN (Ayr) writes: In connexion with Sir St. Clair Thomson's article on antimonyall cupps I think the following quotation may be of interest: In *Patronage*, a novel by Maria Edgeworth, published in 1813, occurs: "Mr. Panton seemed to be much struck with the account of bottles made of antimonial glass, which continue, for years, to impregnate successive quantities of liquor with the same antimonial virtues." The account is one of medical anecdotes told by a young physician to an elderly hypochondriac. Apparently antimonial glass then existed, or was believed to do so.

MEDICAL GOLF.

THE final of the Medical Golfing Society's knock-out tournament will be played between Mr. Joseph Cuning, who defeated Squadron Leader A. J. Brawn, and Dr. E. Ravensworth Hart, who defeated Dr. D. S. Gordon.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 46, 47, 50, and 51 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 48 and 49.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 160.