

# AMBLYOPIA WITH HAEMORRHAGES DUE TO TOBACCO AND (?) LEAD POISONING.

BY

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THE following case presents many points of both medico-legal and clinical interest.

A plumber, aged 43, was admitted to the Victoria Infirmary, Glasgow, as a case of intracranial pressure. He complained of dimness of vision of four to five months' duration. His family history was good. His health was quite good until five years ago. He was never off school nor off work till then. Since then he has had giddy turns occurring frequently, which pass off in a minute or two. He states that he was once treated by powders for those turns, and they got less, till he had them only once or twice a year. He himself thought his attacks were due to constipation.

On October 7th, 1924, he fell from a height of 9 ft. and bruised his left shoulder, but this, under his doctor's care and massage, got all right. A month later he noticed a slight shaking, especially when writing or when he got excited. This was diagnosed as neurasthenia, and treated successfully. He began work about the middle of January, 1925, and one month later noticed that his sight was failing, the right eye being worse than the left. As this got worse he was sent to the Eye Infirmary, and, on the report of the surgeon there, was sent into the Victoria Infirmary.

The surgeon's report was as follows: "Right optic disc is greatly swollen with haemorrhages in the fundus and choked disc. The left optic disc is paler, with no haemorrhages in the fundus. I am of the opinion that he is suffering either from head injuries from accident or from glycosuria, which may be due to the accident."

The house-surgeon's report on his condition on admission to the Victoria Infirmary was as follows: "Temperature, pulse, and respiration normal. He lies comfortably in any position; his gait on walking is normal. Pupils moderate and equal, react to light and accommodation. Elbow and supinator and knee- and ankle-jerks exaggerated. Ankle clonus fully present. Plantar flexor in type, sensation normal. Circulatory system normal, except slight systolic murmur. Gastro-intestinal system: tongue furred and teeth in bad condition, and has pyorrhoea. Urinary system: uric acid specific gravity 1020; no albumin, blood, or pus; no acetone; sugar 2 per cent. Later, trace of sugar only. Chronic suppuration in right ear and wax in left."

On August 19th I was asked to examine his eyes. His vision was very defective. An ophthalmoscopic examination of the right eye showed some neuro-retinitis, tortuous vessels, and many haemorrhages in the fundus, especially in the course of the inferior retinal artery. In the left there was also neuro-retinitis, tortuous vessels, and some small haemorrhages, and the optic disc was rather pale. From an ophthalmoscopic examination I diagnosed a fair amount of refractive error, worse in the right. His vision in the right eye was 0/60 and in the left 6/36. A correction of his refractive error gave him in the right 6/60 and in the left 6/24. I found that he smoked 6 cz. of black twist in a week, and I cut this off entirely. On August 26th his vision under correction right spherical +1.5 combined with cylinder 1.5 vert. gave him 6/36, and left under spherical +0.25 cyl. +1 D. vert. gave him 6/18. There were still many haemorrhages in the right eye and a few in the left. He was then put on to a mixture of potassium iodide and nux vomica.

On September 2nd his vision had improved to 6/24 right and 6/18 left. On September 15th it was 6/18 letters right and 6/18 letters left. On September 23rd 6/12 right and 6/12 left.

On October 12th it was: right 6/9 letters and left 6/12 letters.

On November 11th it was 6/9 in both eyes, and no fresh haemorrhages had appeared in the fundi. His vision, with distance correction, continued practically the same until January 6th, 1926. With additional right and left spherical +1.5 added to his distance correction he gets easily Jaeger 1 with both eyes. As he was anaemic I prescribed an iron tonic, and now his general health is good, and he has been passed as fit for light work.

The case had an important medico-legal aspect. If the lesions were due to a cerebral condition—connected with the fall—compensation was due, and this might have been quite wrongly awarded. It is certain that the fall had nothing to do with the condition.

It is unusual to find so much neuro-retinitis and so many haemorrhages in tobacco amblyopia.

The patient is a plumber and tells me he was constantly handling white lead, and often ate his "piece" or his meals without washing his hands; the question arises whether there was an element of lead poisoning in this case.

There is also the question whether the state of his teeth and the pyorrhoea had anything to do with the condition. I do not think so, for none of his teeth were removed, and, beyond brushing them every day, nothing has been done. It may be asked also whether the greater refractive error in the right caused that eye to be more affected than the left.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### GLYCOSURIA AND ARTIFICIAL SUNLIGHT.

A MARRIED woman, aged 22, was sent to me for treatment of a disfiguring rash on the face of six months' duration; she had, she said, been treated medically for it for three months at least.

The rash had begun on the side of the nose, and when seen the distribution of the patches across the bridge of the nose, on the left ala nasi—especially along the edge of the nostril—on both malar eminences, and on the point of the chin, combined with the appearance and duration of the lesions to suggest lupus. On August 30th, 1925, the original Hanau vacuum lamp was used for the first treatment at a distance of 2 feet for three and a half minutes, directed over the whole area of the face, the eyelids being held tightly shut.

Next day severe local reaction was evident in and around the eyes and nose, but the rest of the face showed only the degree of erythema anticipated. There was painful conjunctivitis in both eyes and oedema of the tissues surrounding the eyes and nose; here the skin was tense, red, glazed, and painful, and pitted on pressure, and for two days the patient complained of inability to see clearly, though she continued her duties as housemaid. Previous to treatment the urine gave a heavy precipitate with the usual Fehling's test. The conjunctivitis and oedema disappeared in four days and sight became normal; when examined six days after treatment all facial lesions except one very small patch on the left cheek had vanished. To remove this she was treated with a moderate dose of two minutes at 3 feet on the face only. The reaction on this occasion round the eyes was very mild, lasted one day only, and the skin of the face entirely healed.

The patient returned on September 21st, as a few nodules, more impetiginous in appearance, were showing further out on the cheeks, but none in the previous situations. She was given a general sun bath with the Hanau lamp—three and a half minutes at 3 feet back and front. There was little reaction, but as the facial lesions had not healed a similar dose was given on September 25th, after which they entirely disappeared. On October 7th four small spots had appeared on the face and she was given general treatment—four minutes each back and front at 3 feet. Two small lesions about the size of a sixpence had been present over the end of each radius on the flexor aspect of the wrist from the beginning of treatment, and these had never received special attention, and at this stage appeared to have slightly increased in size; on this occasion these received an extra four minutes at 18 inches.

Next day there was slight oedema round both eyes; she said the eyes felt "itchy" and that she could not see very well, but the conjunctivae appeared normal. On October 16th all skin lesions were healed and the patient not only looked better but remarked on the very great improvement in energy and health, so that she now felt "very well indeed and quite fit for work." There was, however, still a heavy precipitate with Fehling's solution in the urine.

This case is remarkable for various reasons. (1) The rapid effect of artificial sunlight on the chronic facial lesions which had resisted previous treatment. (2) The severe local reaction to a small dose of artificial sunlight which raised suspicion and led to the discovery of sugar in the urine. (3) The very definite improvement in general health and vigour of the patient, though the treatments given were of short duration and at infrequent intervals, and in spite of the fact that the amount of sugar in the urine remained apparently unaffected.

Newcastle-on-Tyne.

CHRISTINA BARROWMAN.

#### INTESTINAL OBSTRUCTION BY GALL STONE.

THE following case may be of interest, following on the series recorded by Mr. Bennett in your issue of March 27th (p. 565), and Dr. Coldrey's communication of May 1st (p. 783).

A married woman, aged 69, was on May 4th, 1926, admitted to the High Wycombe and District War Memorial Hospital suffering from abdominal pain and vomiting of forty-eight hours' duration. The abdomen was rigid; tenderness was most marked in the right iliac fossa. The conjunctivae were definitely, but not deeply, jaundiced. The vomit was doubtfully faecal. There had been no motion of the bowels for "several days"—a fact, however, which had not perturbed the patient until the onset of pain, as she not uncommonly had but a single motion a week. Before seeking medical advice castor oil had been administered, but was rejected. An enema gave no results.

Laparotomy was performed by Dr. L. L. C. Reynolds. The appendix was found to be sharply kinked and bound down by adhesions; it was removed. At a point about six inches from the ileo-caecal valve the ileum was occluded by a solid body over which its walls were tightly stretched. The segment of gut above the obstruction showed the usual congestive and oedematous

changes resultant on blockage, but there was no extreme distension of the coils. On incising the bowel a gall stone was extracted, roughly cylindrical in shape; it was one inch in length, and its maximum width was seven-eighths of an inch. Its dry weight was 101 grains. The patient's recovery was uneventful.

So far as could be judged from appearances, the probability of the calculus negotiating the remaining six inches of ileum, or the ileo-caecal valve itself, seemed very small, while the patient's condition was critical when operation was undertaken. It is of interest that in Dr. Coldrey's case a considerably larger stone was passed by the rectum.

DOUGLAS J. B. WILSON, M.B., Ch.B.Glas.

High Wycombe, Bucks.

## British Medical Association.

### CLINICAL AND SCIENTIFIC PROCEEDINGS.

#### EDINBURGH BRANCH.

##### THE CERTIFICATION OF INSANE PERSONS.

A MEETING of the Edinburgh Branch of the British Medical Association was held in the British Medical Association House, 6, Drumsheugh Gardens, on June 1st, when Dr. GEORGE KEMPE PATTERSON, senior Vice-President of the Branch, occupied the chair. The President of the Branch, Professor G. M. ROBERTSON, P.R.C.P., physician superintendent of the Royal Hospital, Morningside, gave an address on "The certification of insane persons."

The work of medical men was always, he said, of a very responsible nature and of a very personal nature. In the course of it they were frequently exposed to the danger of an action for damages. In dealing with people of unsound mind they were exposed to additional dangers, as many such persons made only partial recoveries, and were apt to harbour delusions, as the result of which they brought actions against the doctors who certified them. This was so well recognized that in English law such actions could be dealt with in chambers, and were very generally quashed. Although there was no similar provision in Scotland, there was in reality as much protection against such litigation as in England. Only one action had ever been brought in Scotland for wrongous certification, and that should never have been brought.

Professor Robertson strongly advised every member of the profession to belong to the Medical Defence Union. No one would think of driving a motor car without being insured against accident; it was infinitely more foolish not to be insured against the liability of an action. As a matter of fact, the medical profession was as well protected against actions for damages as was wellnigh possible. Under Section 73 of the 1913 Act the medical man was not liable if he had acted in good faith and with reasonable care. In practice, it was sometimes very difficult to convince a jury that reasonable care had been exercised. He advised his hearers in all doubtful cases to pay a second visit to the patient. It could not then be doubted that reasonable care had been exercised. It was wise also to make notes of such cases.

Professor Robertson went on to discuss the meaning of the term "lunatic." In the eyes of the law there must be not only disease of the mind but a definite disorder of conduct. The term had been defined in the Scottish Act of 1857 (Section 3) as "a person so diseased or affected in mind as to render him unfit to be at large." The Act was less happy in describing what was meant by unfitness; but it was clear that unfitness as regards personal safety and conduct or the safety of the persons and property of others referred to safety in the widest sense, and not merely as regards danger to life. It meant safety from harm of all kinds.

In regard to the certification itself, it must be borne in mind that the certificate was a great deal more than a certificate of insanity. It required to be shown that not only was the person of unsound mind, but "a proper person to be detained under care and treatment." The reasons for certifying a patient as a proper person to be detained under care had been stated by Sir Claud Schuster, Permanent Secretary to the Lord Chancellor, in his evidence before the recent Royal Commission. These were

very similar to the answers given by Sir Arthur Mitchell before a Select Committee in 1877. The reasons stated by Sir Claud Schuster were fourfold: to protect the public from injury; to protect the patient from self-injury; to give treatment with a view to cure or amelioration which cannot otherwise be given; to protect the patient from sustaining injury due to want of care. These statements, however, did not help very much in practice.

There was one way in which medical men could get out of their difficulties, and that was by inducing their patients to enter a mental hospital voluntarily. The majority of patients at the back of their minds knew that they were not well, and could be induced to go as voluntary patients. At the Royal Hospital, Morningside, 60 to 80 per cent. of patients came voluntarily. He urged the adoption of this course as far as possible. At the close of his address Professor Robertson replied at length to numerous questions with reference to the subject of his address.

## Reports of Societies.

### THE ORIGIN OF TUMOURS.

At a meeting of the Section of Surgery of the Royal Society of Medicine on June 2nd, when the President, Sir LENTHAE CHEATLE, was in the chair, Dr. W. E. GYE made a communication (postponed on account of the general strike) on the origin of tumours, illustrated by the epidiascope. When first he submitted the results of his work on this subject he had, he said, no idea how tenaciously pathologists held to the current views on what was known as the cellular hypothesis, the real meaning of which he declared he did not know. It was evidently felt that when a tumour was formed a change occurred in the internal mechanism of the cell, such as was induced by the action of tar or by some living virus. The evidence which, so far, had been advanced against the parasitic hypothesis of the cause of cancer had been negative only, which was useless for founding dogmatic conclusions. To be acceptable, any cause of cancer must fit into knowledge which had been definitely ascertained. The inoculation of the morbid material of cancer into another animal did not in itself cause cancer in the recipient animal if such animal was of a different species, nor in the same species when the cells were killed. Hence the position was not parallel with that of tuberculosis, for example, in which inoculation of Koch's bacillus into another animal produced in it the disease. The surviving spindle-celled sarcoma of the fowl, which Rous, of the Rockefeller Foundation, had been working on, could be filtered through fairly fine candles—not the finest—but the filterability was not a constant feature. From time to time filtrates prepared in precisely similar manner to those which were very infective were found to have scarcely any power of infection at all. This variability in filterability disposed of the argument which had been so widely advanced by pathologists that the fowl tumour could not be called a true cancer because it could be transmitted by filtrates. It was found that the tumour produced by filtrates bore a definite proportion to the size of the inoculum employed; measurement by weight was useless, owing to the varying involvement of surrounding tissue, therefore the rule measurement was used. Chloroform added to the filtrate was found greatly to inhibit its infectivity, and a sufficient quantity of it disposed of the infectivity altogether. But even with reduced infectivity the proportion of tumour formation in the two breasts was the same. The infectivity held in abeyance by chloroform could be restored by adding a culture from another tumour. Dr. Gye, in conclusion, said he felt now even more confident of his results, and of the soundness of the views founded on them given in the communication he had made to the profession last July.

The PRESIDENT, in thanking Dr. Gye for his masterly review of his work, said it would be particularly valuable to bear Paget's disease of the breast in mind in researches into the origin and nature of cancer. In cutting whole sections of breasts it was sometimes found that the only abnormality discoverable was Paget's disease of the nipple.

Leishman (Chairman of the Foot-and-Mouth Disease Research Committee). Lord Bledisloe said that in the Carlisle outbreak the probability was that the germs of the disease were contained in washings from a bacon factory which were carried to a sewage farm and that cattle on that farm took the disease through grazing on tainted grass. The incubation period of the disease was considerable, and it was more easily communicable when incubating than when the lesions were to be found on the imported animals. A question had arisen on the importation of meat and of meat offals from the Argentine, but meat offals from that country were so treated as to make them innocuous so far as foot-and-mouth disease was concerned. The whole matter was being examined most meticulously by the Ministry of Agriculture. Lord Haldane said Sir William Leishman had rendered immense service to the army by his researches. Though head of the committee on foot-and-mouth disease, Sir William had not been able to give his whole time to that research. He had been appointed by the late Government when an announcement had just been made that in Germany the bacillus of the disease had been identified. Lord Haldane remarked that they now required as chairman of the committee someone who could give his whole time. If possible the first bacteriologist in the country should take the chair. It was no use appointing an administrator. He was not at all sure that the germ had really been identified, but if it could be and if the proper antitoxin could be discovered, it would be possible to treat infected animals. It would then be possible also to treat articles in such a way that there would be no chance of the disease spreading. Answering the Earl of Stair, Lord Bledisloe said that last year and in the early part of this year an unprecedented number of young pigs had been imported into this country from Holland and Belgium to be consumed as fresh meat.

#### *The Bethlem Hospital Bill.*

The Bethlem Hospital Bill, which has already passed the House of Lords, was read a second time in the House of Commons on May 19th. The House ordered that it be an instruction to the Committee on the bill that it have power to insert therein such provisions as may be necessary for the purpose of confirming the agreement entered into between the governors of the hospital and Viscount Rothermere with respect to Bethlem Hospital and for the vesting of the hospital site or part thereof in the London County Council as an open space.

#### *Stamp Duties on Secret Remedies.*

On June 7th the House of Commons began the consideration of the Finance Bill in Committee, Mr. James Hope being in the chair. Clause 2 enacts that the additional excise duties imposed by the Finance Act (No. 2), 1915, on medicines liable to duty shall continue to be charged until August 1st, 1927.

Captain W. Benn asked the Financial Secretary of the Treasury to look into this clause, which dealt with matters going back to the seventeenth century. It would be much simpler, from the point of view of the taxpayer, if the Treasury would produce a clause showing what would be levied, instead of referring in the clause to another Act, and then, by that, to another Act; and so on back nearly to 1600.

Mr. McNeill (Financial Secretary to the Treasury) said that when Captain Benn raised this matter last year his predecessor gave an undertaking that it would be considered before the introduction of the present Finance Bill, with a view to a codification of the various old statutes. After consideration it had been decided that codification by itself would be useless. What was needed was a drastic revision of the statutes. That, however, had not been possible before the introduction of the present Finance Bill, but it was intended in the near future to appoint an inter-departmental committee to consider exactly what ought to be done in order to get rid of the superfluity of old and obsolete statutes dealing with particular specifics. There was one particular specific in the schedule called the "elixir of longevity," which had remained in the schedule to the statute of 1812. He understood that the elixir was no longer efficacious, and that showed that mere codification would not meet the case. He hoped that before this time next year something would have been done to remedy the present state of things in this respect.

The clause was carried.

**General Medical Council.**—On June 7th Mr. Forrest asked the Vice-Chamberlain of the Household, as representing the Lord President of the Council, whether the Crown nominee on the General Medical Council would make any annual report to the Government on its proceedings; and whether, in that case, the document would be published. Major Hennessy (the Vice-Chamberlain) in reply said the hon. member appeared to be under some misapprehension. The meetings of the General Medical Council were open to the public and were reported in the daily press and professional journals. The official minutes of the proceedings were published and were supplied to the Privy Council, and were also available to the public. Mr. Hore-Belisha asked whether Mr. Hilton Young would answer questions in the House of Commons concerning the General Medical Council. Major Hennessy replied that he could not answer that without notice.

**Medical Inspection of Emigrants.**—On June 7th Sir Burton Chadwick told Mr. Day that he was not aware of any complaint regarding the present method of examination of emigrants on board ship. If the hon. member had any suggestions to make, however, he would see that they were considered.

#### *Notes in Brief.*

The Royal Commission on Lunacy hopes to present its report before the end of next month.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

At a congregation held on June 5th the following medical degrees were conferred:

M.B., B. CHIR.—S. M. Milner, D. Aserman.  
M.B.—R. F. Guymar.

### UNIVERSITY OF LONDON.

The following have been appointed teachers of the University in the subjects and at the institutions indicated:

*University College.*—Mr. Max E. Delafield (hygiene and public health), Mr. F. R. Winton (pharmacology).

*London School of Hygiene and Tropical Medicine.*—Mr. J. T. Duncan (bacteriology).

Sir Cooper Perry, M.D., F.R.C.P., has been elected chairman of the Architectural Committee for 1926-27.

Applications for grants from the Thomas Smythe Hughes Medical Research Fund, allocated for assisting medical research, must be received not later than June 15th. Further particulars can be obtained on application to the Academic Registrar.

The following candidates have been approved at the examinations indicated:

THIRD M.B., B.S.—† Kathleen M. Bowman-Manifold, † R. B. Brew, † A. Byrne-Quinn, † J. T. Fathi, † Margaret A. Harrison, † Marjorie Low, † Mary C. Luff, † W. A. Mill, † J. Shepherd, † H. Simmonds, † J. H. Simmons, † Jean L. Smith, † Dorothy E. Stewart, † R. M. Walker (University medal), B. C. Amies, Constance E. Appleton, E. C. Archer, E. Bacon, R. T. Bannister, J. M. Barnard, C. E. Beare, H. C. Beecole, J. G. Y. Bell, J. S. Benzecry, S. Berman, A. A. Bevan, O. P. Bowers, Margery G. Blackie, J. R. Blazé, Anna M. V. Bonhote, H. C. Boyde, Lucy J. Burnett, Olive K. Burnett, L. W. Caon, Elizabeth J. Carpenter, W. S. Chapman, F. W. Chapman, Enid Clarke, Violet E. Comber, L. N. R. Conry, Victoria M. Crosse, Evelyn J. Curtis, P. E. J. Cutting, Gweneth M. Daniel, D. J. Davies, T. D. Deighton, M. De Lacey, Alma Downes-Shaw, G. E. Ellis, H. G. Estcourt, W. G. Evans, Christabel S. Eyre, Rachel D. Fox, D. B. Fraser, E. B. Garrett, Winefrida M. Gibson, J. F. E. Gilman, Edith L. Gould, Agnes H. S. Gray, F. H. K. Green, C. S. Hallpike, Helen M. Harris, Leila M. Hawksley, T. R. Hill, Katherine M. Hirst, Janet K. Holgate, Ruth T. Hurnard, K. M. N. Isaacs, A. D. W. Jones, R. H. Knight, G. L. S. Kohnstam, Mary Langdon-Down, Nora M. Leesmith, S. Lerner, L. O. Lindsay, Dorothy M. Llewellyn, Kathleen M. Lyons, D. C. McIntosh, J. H. Macpherson, Joan G. Malleson, Eva M. Malmberg, G. B. Marciano, F. Marsh, D. J. Martin, Florence I. J. Masterman, Dorothy G. Medway, A. Mitchell, J. P. Monkhouse, Mary A. Munro, Florence I. R. Moore, G. S. Morgan, G. J. Morris, N. Moulson, Margaret I. Neal, Grace H. Nicolle, Gwynedd M. E. Olive, J. O. Oliver, J. Parrish, H. L. Peake, J. Pearce, N. B. Pooler, Dorothy F. Pratt, L. Reuvig, G. H. Roberts, Victoria A. Roberts, A. B. Robinson, May E. Rogers, H. N. Rose, Annie E. G. Rowlands, Marjorie Rushbrooke, Doris M. F. Russell, A. R. Rutnam, J. Ryland, Whitaker, F. W. Schofield, T. A. Seekings, Constance G. Sloan, L. Smalley, Rachel M. S. Smellie, Beatrice G. Smith, R. Stanford, A. L. Stephen, I. H. Stevens, F. O. T. Stranke, B. B. Sworn, Josephine I. Terry, B. M. Tracey, H. Treisman, Kathleen C. Vost, L. B. Ward, Hilda M. Weber, Janet Welch, H. V. Wells, W. S. Whimster, Dahlia Whitbourne, Gwendolen I. Wilkins, Katharine G. L. Williams, Ada R. Winter, Dorothy E. Wright, J. C. Young.

\* Honours.

† Distinguished in Surgery.

‡ Distinguished in Medicine.

§ Distinguished in Pathology.

¶ Distinguished in Midwifery.

**Group I.**—Florence A. Adam, S. C. Bakke, Kathleen Blake, J. W. Bottoms, Edith D. Bowie, Alison M. Clark, F. J. T. Foenander, Dora J. Fox, Elsa C. A. Fristedt, B. M. C. Gilsenan, Minnie Gosden, C. H. Hampshire, Catherine M. Hext, D. P. Holmes, M. R. Jones, M. C. Lavin, S. Levy, N. W. MacKeith, Evelyn T. D. MacLagan, Evelyn M. Pakeman, W. E. Parry, G. E. G. Peirce, Agnes M. Ramsbotham, J. W. Schabert, E. F. Stead, Edith A. Straker, Sylvia Sworn, F. W. Ta'Bois, Edith M. Webb, H. F. Wilson. **Group II.**—J. R. Beagley, W. R. W. Bonner-Morgan, Rose A. Carter, Evangeline A. Clark, A. C. Counsell, B. R. Crossley, Muriel Davies, J. C. G. Dickinson, J. D. Durand, D. C. Fairbairn, O. F. Farndon, M. Fishman, S. C. Gawne, S. A. Grant, J. I. Griffiths, F. D. M. Hooking, D. S. Huskisson, F. H. K. Knight, Elsie Lyon, Margaret B. MacDonald, L. J. McGregor, I. McPherson, Mary A. Marshall, G. A. Martin, Grace E. Mizen, G. A. H. Norman, B. Phillips, H. J. Powell, Muriel A. Pugh, E. E. C. Rouse, D. J. L. Routh, L. H. Savin, S. T. Seccombe, W. D. Sheldrake, Mary Stirk, S. V. Strong, O. G. Tippet, J. R. Tree, Elizabeth M. Whishaw, J. T. Wybourn.

**DIPLOMA IN PSYCHOLOGICAL MEDICINE (with Special Knowledge of Psychiatry).**—D. E. Cameron, E. C. T. Emerson, C. O. Perera, J. S. I. Skottowe, R. Thompson.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

#### *Subjects of Prizes.*

THE subject for the Jacksonian Prize for 1926 is "The pathology, diagnosis, and treatment of abscess of the brain," and for 1927 "The pathology, diagnosis, and treatment of bronchiectasis and abscess of the lung." Dissertations for the prize for 1926 must be delivered at the College by 4 p.m. on Friday, December 31st, 1926, and for the 1927 prize by 1 p.m. on Saturday, December 31st, 1927.

The next award for the Cartwright Prize will be for the five years ending December 31st, 1930. The prize, which consists of a medal executed in bronze and an honorarium of £85, will be awarded to the author of the best essay written in English on "The etiology, pathology, and treatment of chronic general periodontitis (pyorrhoea alveolaris)." It is open to persons engaged in the study or practice of dental surgery and possessing qualifications capable of registration under the Medical Acts of the United Kingdom. Essays must be received by the Secretary of the College not later than 4 p.m. on December 31st, 1930.

Further particulars can be obtained on application to the Secretary of the Royal College of Surgeons of England, Lincoln's Inn Fields, W.C.2.

## Medical News.

PROFESSOR JOHANNES FIBIGER of Copenhagen, in recognition of his eminent services to cancer research, was entertained by the medical staff of the Cancer Hospital, London, to dinner at the Langham Hotel, on Monday last. The chair was taken by Mr. Ernest Miles, F.R.C.S., senior surgeon to the hospital. Among those present were Lord Dawson of Penn, Sir Humphry Rolleston, Sir John Bland-Sutton, Sir Frederick Andrews, Sir Walter Fletcher, Professor Muir of Glasgow, Dr. H. H. Dale, Professor Bulloch, and Professor Dean of Cambridge.

THE last of the series of lectures on pathological research in its relation to medicine arranged for the summer session by the Institute of Pathology and Research, St. Mary's Hospital, Paddington, W.2, will be given by Mr. J. E. Barnard, F.R.S., on Thursday, June 17th, at 5 p.m., the subject being the microscopy of filterable viruses. The lecture is open to medical practitioners and to all students in medical schools without fee.

AMONG the provisions of the Criminal Justice Act, 1925, which came into force on June 1st, are those extending to twelve months the period within which prosecutions for giving false information for insertion in the birth or death register may be undertaken, and increasing the maximum penalty on summary conviction of such offences from £10 to £50. The Registrar-General considers it important to secure a full public appreciation of the seriousness of such offences and the grave and far-reaching consequences which they may involve.

THE inaugural meeting of the Welsh Branch of the Central Committee for the Care of Cripples will be held at Carnegie House, 117, Piccadilly, London, on Thursday, July 1st. Lord Kenyon, Pro-Chancellor of the University of Wales, will take the chair at 5.30 p.m., and Sir Robert Jones, Bt., will deliver an address on the solution of the problem of crippledness in Wales by means of a national organization. On the following morning a visit will be paid to the Heritage Craft Schools, Chailey, Sussex, when Mr. Kimmins will explain the scheme in operation there. Dr. Llewellyn Williams and the Honorary Secretary, Sir John Lynn-Thomas, K.B.E., F.R.C.S., will meet the delegates at 9 a.m. on July 2nd, at 117, Piccadilly, when charabancs will be waiting to carry them to Chailey.

THE solarium erected at the Bermondsey Tuberculosis Dispensary will be opened by the Mayor of Bermondsey to-day (Saturday, June 12th), at 3 p.m., when Professor Leonard Hill, F.R.S., will give an address on sunlight and open air.

THE Fellowship of Medicine has arranged two clinical demonstrations on Wednesday, June 16th. Mr. Greeves will give a demonstration in ophthalmology at the Royal London Ophthalmic Hospital, City Road, E.C., at noon, and at 2 p.m. Mr. Sidney Boyd will give a surgical demonstration at the Hampstead General Hospital, Haverstock Hill, N.W. From July 5th to 17th the National Hospital for Diseases of the Heart will hold an intensive course. Beginning on the same date there will be an afternoon course at the Hospital for Diseases of the Skin, Blackfriars. Instruction will be given in the out-patient department, and venereal clinics will be held twice a week. The City of London Maternity Hospital hopes to begin a week's special course in obstetrics on July 5th. There will be a fortnight's special course of demonstrations, at 3 p.m., at the Royal Eye Hospital from July 12th to 24th. There will be an intensive course at the Prince of Wales's General Hospital, Tottenham, N., from July 19th to 31st, in medicine, surgery, and the specialties. Clinics will be held throughout the day in the various departments of the hospital and there will also be demonstrations on fevers and mental diseases. From July 19th to August 14th the West End Hospital for Nervous Diseases will hold a late afternoon course (5 o'clock) in neurology. Copies of all syllabuses and of the general course programme may be had on application to the Secretary of the Fellowship of Medicine, who will also supply copies of the *Post-Graduate Medical Journal*.

THE University of London Club, founded in 1914 for members of the University, has recently been reconstructed, and holders of certain diplomas granted by the University of London and its colleges, graduates of other universities, and holders of certain professional qualifications will in future be eligible. The chairman and committee will give an At Home on June 22nd, at 8.30 p.m., to meet the Chancellor of the University and members of the Senate. The Club House is at 21, Gower Street, W.C.1.

THE Public Health Department of the Essex County Council has issued invitations to a meeting at River Plate House, 7, Finsbury Circus, London, E.C., at 3 p.m., on Friday, June 18th, to hear an address by Sir Robert Jones, K.B.E., F.R.C.S., on the cripple problem.

THE coming-of-age of the University of Sheffield will be celebrated on July 1st and 2nd, when the Chancellor, the Marquess of Crewe, K.G., will unveil the University war memorial, and a number of honorary degrees will be conferred.

AT a meeting of the Society of Antiquaries of London on June 3rd Drs. T. A. Bowes, J. D. Rolleston, and R. A. Young were elected Fellows.

A MEETING of the Biochemical Society will be held in the Wellcome Physiological Laboratories, Langley Court, Beckenham, to-day (Saturday, June 12th). The various departments of the laboratories and the stables and grounds will be visited from 11.45 a.m. to 1.30 p.m. Papers will be read during the afternoon, beginning at 2.30.

THE prizes at the London Hospital Medical College and Dental School will be distributed in the College Library on Monday, June 28th, at 3 p.m., by Mr. Neville Chamberlain, Minister of Health.

PRIZES and certificates won by the students of the London School of Medicine for Women will be distributed by Sir John Ferguson, K.B.E., on Friday, June 25th, at 3.30 p.m. Lady Barrett, C.B.E., M.D., M.S., dean of the school, will be in the chair.

DR. NORMAN TATTERSALL, who has been for the past fourteen years tuberculosis physician for the Mid-Glamorgan area of the Welsh National Memorial Association, has been appointed tuberculosis officer to the city of Leeds. On May 22nd, at Bridgend, Glamorgan, he was the guest of a number of his medical friends at a dinner at which a bureau and an illuminated address were presented to him.

THE Wellcome Historical Medical Museum, 54a, Wigmore Street, W.1, was partially reopened on June 1st. It can be visited by members of the medical profession, chemists, pharmacists, nurses, and research workers generally from 9 a.m. to 6 p.m. on week-days, except Saturdays, when it is closed at 1 p.m.

THE reports received by the Colonial Office on the recent outbreak of sleeping sickness in the Ufipa district of Tanganyika show that an area of 10,000 square miles was involved. Its population, however, is sparse, averaging only about one per square mile; 3,000 natives were removed to fly-free areas; approximately 300 cases of the sickness were found, and 90 deaths were ascribed to it. Treatment by "Bayer 205" and tryparsamide proved effective. Although the infection is widely spread, it has not attained epidemic proportions. The total number of deaths among natives recorded in 1925 was 161. No European died. A distinct branch of the medical department of the Government is being organized to deal with sleeping sickness, and during the past year six medical men have been exclusively employed on such investigations.

A NEW Order (1926, No. 535/S.24), dealing with factories and workshops in Scotland in which herring curing is carried on, came into force on June 1st, and contains regulations for the provision of adequate washing and first-aid accommodation. The circular containing details of this Order may be obtained from H.M. Stationery Office, price 1d. net.

FOR those who wish to take a holiday abroad various new opportunities are offered. Thus the Italian State Tourist Department, 12, Waterloo Place, S.W., is organizing a trip for British doctors to Italian health resorts, details of which were given in the *BRITISH MEDICAL JOURNAL* of April 17th (p. 728). A correspondent, who writes to us from Cortina d'Ampezzo in the Dolomites, praises highly the bathing equipment, the comfort, and the beauty of the surrounding scenery, at Meran, one of the resorts included in the tour. He mentions also the mud baths of Badgastein. Those who suffer from skin disease and a spirit of adventure may try the sulphur springs of Pasvalis in North Lithuania. It is said that the use of these baths was greatly interfered with during the war, because the German occupants would not allow patients to travel freely to the spot! But the baths were reopened in 1922, and the equipment is being improved. Finally, the P.L.M. railway has arranged a motor "Tour du Mont Blanc," which begins on July 10th. Starting from Chamonix, and passing through the Petit St. Bernard, Courmayeur, and the Great St. Bernard, the tourist can circle completely round Mont Blanc, through France, Italy, and Switzerland, in two days.

DR. SERGE VORONOFF of Paris has offered a prize of 10,000 francs and a consolation prize of 5,000 francs for the best work on excessive and deficient action of the endocrine glands. Candidates must be members of a Latin race and possess a "Latin mentality."

THE Belgian National League for Combating Tuberculosis recently celebrated the twenty-sixth anniversary of its foundation under the presidency of Dr. Dewey, who has held office for twenty-five years.

AN international congress for combating the improper use of narcotics will be held at Philadelphia from July 5th to 10th.