

recovery rate has been very considerably lower than 20 per cent. if the estimate be made, say, two or three years after the acute attack.

In the spring of 1924 an outbreak occurred in Belfast. In the three months April, May, and June 173 cases were admitted to the fever hospitals under my care. Though this outbreak was extensive and sudden it could not be said to have been of more than average severity as the death rate in the acute stage was 12.1 per cent.

These 173 cases form a compact group. Last autumn—that is, after two and a half years—with the assistance of Dr. W. B. Shane I made an attempt to ascertain the then condition of the 152 cases who had recovered from the acute attack. A paper of questions was sent out and replies received from the majority of the patients. Had these replies been taken as correct the figures would have been very different from those finally accepted. Our experience showed that statistics compiled upon such reports are altogether unreliable. Many patients who reported that they had remained quite well from the time of leaving hospital were found on examination to be very far from well; some who had so reported were found to be frankly Parkinsonian, some mentally deficient, etc.; 11 cases could not be traced. We were able to examine over 80 per cent., and received medical reports of the small remainder.

Epidemic Encephalitis: Results 2½ Years after Attack.
(Total cases 173.)

Died in acute stage	21
Recovered from the acute attack... ..	152
Of the 152 who recovered:	
Untraced	11
Examined after 2½ years	141
Of the 141 examined:	
Apparently well (after 2½ years)	13 = 8.8 per cent.
Died of effects (within 6 months, 2; between 6 and 12 months, 3; between 1 and 2 years, 2)	7 = 4.9 "
Suffering from nervous symptoms of mild type	10 = 7.0 "
Showing "changed character"	18 = 12.7 "
Showing mental symptoms (in mental hospital, 6; not in mental hospitals, 13)	19 = 13.4 "
In other medical institutions	19 = 13.4 "
Subject to convulsive attacks (epilepsy?)	2 = 1.4 "
Showing Parkinsonism (Stage I, 21; Stage II, 42; Stage III, 20)	83 = 58.8 "
Partially incapacitated for work or school	29 = 20.5 "
Totally incapacitated for work or school	84 = 59.5 "

It will be seen that of those who survived the acute attack 8.8 per cent. were found to be well after two and a half years. I have no doubt were these cases again examined at the end of, say, five or six years from the onset this percentage would be further reduced.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

PURULENT PERICHONDritis OF THE LARYNX.

Cases of purulent perichondritis of the larynx, when secondary to constitutional disease such as syphilis and tuberculosis, are not of common occurrence. When present as a complication the diagnosis may not be difficult. If secondary to malignant disease it is conceivable that the condition may not be easy to diagnose and the results to the patient may be disastrous. If confronted with a case of this nature when neither syphilis, tuberculosis, nor malignant disease can in any way be used as a guide, then a very careful process of exclusion, in the absence of previous experience, may have to be invoked; in any case the medical man should take the earliest opportunity of calling the laryngologist to his aid. The following case amply illustrates the urgency of these cases.

A woman, aged 61, had been attending her doctor for five weeks, first with hoarseness, and latterly with difficulty in breathing, which had become very much worse; she was sent to hospital with a view to admission.

I found there was marked stridor and slight pain on swallowing; the larynx was more or less fixed and appeared to be pushed forward, and pressure over the front of the larynx caused pain. There was a swelling on the right side of the thyroid cartilage which gave deep fluctuation. On laryngoscopic examination the left

ventricular band was found to be red and swollen, obscuring the view. The right vocal cord could be seen to move slightly in abduction and adduction over a yellow swelling which extended across the middle line from right to left in its posterior half. No swelling could be seen in the pharyngeal portion of the cricoid or arytenoid region. The temperature was 101° and the pulse 140. No history of foreign body was elicited; tubercles were not present; the Wassermann test was not performed. A diagnosis of purulent perichondritis was made and immediate operation advised. Under general anaesthesia tracheotomy was performed and an incision made over the site of fluctuation; pus was evacuated and some escaped into the pharynx, but not into the larynx. There was no sequestrum, but roughened cartilage could be felt with the handle of the scalpel through the incision. There can be little doubt that there was a communication with the inferior of the larynx; this suggests the importance of a preliminary tracheotomy in these cases.

The tube was removed on the third day. With the exception of a slight collapse four days after admission, from which she soon recovered, her convalescence was gradual and uneventful. She left hospital on October 23rd looking and feeling well, with voice and breathing normal, and the larynx functioning well.

Although I had no doubt as to the actual condition, the important guides, apart from the appearance of the swelling in the larynx, were (1) deep fluctuation felt on the right side of the thyroid cartilage, (2) the pulse, (3) the temperature. Rise of temperature may be absent when pus is established and locked up, but its presence in this case was an indication of urgency.

If there is a lesson to be learnt it is that the laryngologist should be called to see these cases before the stage of stridor is reached; at any moment a disastrous end may result.

J. A. GIBB, M.D., C.M.,

Honorary Surgeon, Ear, Nose and Throat Department,
Kent County Hospital for Diseases
of Eye, Ear, Nose and Throat.

Maidstone.

TRANSPPOSITION OF VISCERA.

THE following two cases of dextrocardia and transposition of organs, which were found in Arabs of the Sudan, seem worthy of record.

CASE I.

An Arab girl, aged 11, was brought to me suffering from malaria. While feeling for the spleen under the left costal margin I detected what I took to be the clear cut edge of the liver, and palpation of the right side revealed the spleen extending for the breadth of five fingers under the costal margin, with the typical notch opening to the left. The apex beat of the heart was visible in the fifth right interspace, one centimetre inside the right nipple line, and auscultation proved it to be a case of true dextrocardia. The girl was quite unaware of her condition, and the mother, father, and two sisters, who were examined, were found to have the heart in the normal position on the left side.

CASE II.

Within a week of seeing the first patient, a man, aged 25, came to me because of chest trouble. I found tuberculosis of the left apex, but could hear no heart sounds on the left side. Inspection revealed a faint apex beat in the fifth right interspace, half a centimetre inside the right nipple line. Percussion on the left side showed an area of dullness identical in size with the normal hepatic dullness, and in the corresponding position. The edge of the liver could just be palpated under the left costal margin. The spleen was not felt on the right side. The patient was fully aware of the abnormal position of the heart, but had kept the knowledge of it to himself fearing ridicule.

I can find no references in the literature to suggest that this condition is more common among the coloured or less civilized races, and the discovery of two such cases within so short a period and in the same locality may be pure coincidence.

I have to thank the Director of the Sudan Medical Service for permission to publish this note.

A. CRUICKSHANK, M.B., Ch.B.,
Sudan Medical Service.

Khartoum.

LABOUR RETARDED BY HYDROCEPHALUS TERMINATED BY DRAINING A SPINA BIFIDA.

I WAS called by a midwife to attend a woman in her third confinement. She had been in labour for six hours. The os was fully dilated. The presentation was a breech with extended legs. Under anaesthesia the legs were brought down and delivered with the body. A spina bifida was present with complete absence of the posterior arch of the spinal canal in the lower dorsal and upper lumbar region. No progress was made in labour, and a large hydrocephalus was diagnosed. Having a ready track to the ventricles it was deemed advisable to try to use it. The inner tube

of a Collins uterine douche tube was passed up the spinal canal into the ventricles and two quarts of fluid were drawn off. The uterine contractions immediately became strong and the flattened head was delivered. The puerperium was normal.

Alfreton.

RAYMOND G. BINGHAM.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

STAFFORDSHIRE BRANCH.

Ovarian Endometriomata.

A MEETING of the Staffordshire Branch was held at Walsall on March 17th. In the absence of the President (Mr. W. C. Allardice), Dr. J. A. M. CLARKE took the chair.

Mr. S. W. MASLEN JONES read a paper on ovarian endometriomata and showed specimens which he had removed at operation. He discussed the causation of these tumours and summarized the rival theories held by Vernon Bailey, Sampson, and other workers. He explained the pathology of such tumours and emphasized the fact that the aberrant endometrium, which was the basis of the pathological condition, exercised its effect principally by a production of menstrual flux at a time which corresponded with the ordinary period of menstruation in the uterine mucosa. This production led to the formation of cystic cavities containing a chocolate-coloured fluid. A discussion followed regarding the significance of the occurrence of endometriomata in sites other than the ovary.

Lead Treatment of Cancer.

Dr. S. C. DYKE read a paper on the lead treatment of cancer. He recounted his experiences at Professor Blair Bell's clinic at Liverpool, and explained that the reasoned basis of the treatment was the special toxic effect of lead upon cancerous tissue. One of the greatest difficulties in the treatment was that the general deleterious effect upon the patient might outrun the specific local effect upon the tumour; the best results would be obtained consequently when a lead product was found which had a minimum general toxicity combined with a maximum local effect upon malignant cells. Dr. Dyke reviewed several cases which he had seen undergoing lead treatment, and he mentioned the particularly good results which had been produced in some cases in which partial removal of an inoperable tumour had been combined with treatment by lead. A discussion followed which related particularly to points in the technique of the treatment.

Medicine in the Past.

Dr. F. G. LAYTON read a paper on mediaeval medicine. He emphasized the benefits which would accrue to practising physicians if they had a greater knowledge of the history of medicine than was commonly the case, and he contended that many of the old procedures were much more logical than many methods of therapy which were practised at the present day. He indicated the lines upon which the ancients arrived at a diagnosis, and held that a knowledge of human nature was perhaps even more common among the old-time Egyptian physicians than it was among present-day medical men. He made a plea for treatment by dietetics and regimen, both of which he considered should have a more important place in therapy than was at present the case. A discussion followed contrasting modern with more old-fashioned methods.

The Eyes in Diagnosis.

Dr. G. F. HAYCRAFT read a paper on the pupils as an aid to general diagnosis, and gave a brief but very informative summary of the anatomy and physiology of the iris. He then recounted important points in the causation, diagnosis, and treatment of iritis. Turning from inflammatory conditions, the speaker showed how the iris might be affected in a large number of general diseases. The subsequent discussion centred round the effects of tuberculous disease on the iris, these effects being produced either by local interference with the nerve supply of the iris musculature or by the general asthenic condition seen in late stages of the disease.

Reports of Societies.

RETROPERITONEAL FIBROID.

At a meeting of the Section of Obstetrics of the Royal Academy of Medicine in Ireland on March 11th, the President, Dr. D. G. MADILL, in the chair, Dr. D. CANNON read notes on a case of retroperitoneal fibroid, and showed a specimen.

A woman aged 36, with enlargement of the abdomen, had been married for four years, but had no children. She had been operated on for appendicitis. She looked worn, tired, and rather older than her years. Her periods were normal, except for slight dysmenorrhoea, and her heart, lungs, and kidneys appeared to be quite normal. Inspection and abdominal palpation revealed a symmetrical semi-solid tumour, which filled the whole of the abdomen. On bimanual examination the tumour appeared as a swelling of the posterior fornix, extending more to the left than to the right. By vaginal examination its stony hardness contrasted with the almost cystic feeling of the abdominal wall. The cervix uteri could be recognized high up underneath the symphysis to the right side. The diagnosis lay between an ovarian cyst complicated by a cervical fibroid, or a cervical fibroid or broad ligament fibroid which had enlarged to such an extent as to become an abdominal tumour. When the abdomen was opened the latter condition was found. During the process of enucleation severe bleeding was encountered, and so a rapid enucleation of the upper pole of the tumour was performed. Towels wrung out of hot saline were packed into the bed from which a portion of the tumour had been enucleated. The patient suffered from shock at this stage of the operation, but recovered after a short time. The lower pole of the tumour was enucleated with ease, and with scarcely any bleeding. The left ureter, which was displaced outwards, was followed to its disappearance into the parametrium, and was intact. The uterus, which had reached the level of the umbilicus, was pushed well over to the right side and the cervix was elongated. The peritoneum of the posterior wall of the left broad ligament and Douglas's pouch was spread over the intestines like a thick apron, and was adherent to them. All bleeding points were carefully secured. At this stage the peritoneum was separated quite easily from the intestines, and omental adhesions were tied and divided. The excess of peritoneum was removed, and the margin of the rent which was oozing blood was sewn all the way round with continuous catgut. The thickened peritoneum presented the appearance of the thickened tunica vaginalis seen in chronic hydrocele. The cavity from which the tumour had been enucleated was now considerably reduced. It was obliterated by mattress sutures, and rubber tubing which had been split and threaded with gauze was inserted into the obliterated portion of the cavity and taken out at the lower angle of the wound. The abdomen was closed, and the patient left the table in fair condition, but collapsed some hours later and died. There was no evidence of bleeding from the tubes.

Dr. Cannon thought that death was due to secondary shock as a result of haemorrhage; the patient had certainly not died from primary shock. He believed that she would not have died if he had performed a complete hysterectomy after the tumour was enucleated. In this way he could have tied off the main source of blood supply to the pelvis, and could have drained the retroperitoneal space through the vagina. The uterus could easily have been removed in the circumstances; it was only left because the patient was very anxious to have a child. During the time that Dr. Cannon had charge of the Gynaecological Department of St. Mary's Infirmary, Highgate, he had encountered four retroperitoneal tumours. They were all small; three were parovarian cysts, and one was fibroid. They had presented no difficulties. The present case belonged to a different category. Owing to the size of the tumour, the cavity from which it was enucleated was difficult to obliterate; it was undergoing degenerative changes, and had probably been infected; the cavity was therefore probably a vascular one.

THE PRESIDENT said that this was one of the largest fibroids he had ever seen which had been enucleated without removal of the uterus. It was difficult to say what more could have been done, as there must have been severe haemorrhage through the bed of the myoma.

Dr. GIBBON FITZGIBBON thought that the position of the tumour and its size made the case similar to that of full-term ectopic pregnancy. He had recently seen a case of this, and had done exactly the same as Dr. Cannon. When the patient left the operating table he was very satisfied with her, but she died later, and he thought the cause of death was venous bleeding from the parametrium. When a patient came round from an anaesthetic, and venous oozing of blood started, it was frequently the cause of

went to Inverness, where he built up a large practice, working particularly as a surgical specialist. At the same time he was appointed one of the visiting surgeons at the Northern Infirmary, Inverness, which he served for twenty years, and where he gained a reputation as one of the chief surgeons in the North of Scotland.

Dr. Luke in his spare time was a noted sportsman, being regarded as a first-class shot, and he was also a keen angler in many of the rivers of the North of Scotland. He is survived by a widow, two sons, and two daughters.

THE LATE DR. JOHN BROWNLEE.

DR. A. FREELAND FERGUS (Glasgow) writes: With reference to your very appreciative and excellent article on the late Dr. John Brownlee, contained on page 598 of your issue of March 26th, I have to say that Dr. Brownlee had conferred upon him not the Fellowship of the Royal Faculty of Physicians and Surgeons, but the Honorary Fellowship, an honour very seldom bestowed by the Faculty. At the time of its being conferred I happened to be the president, and therefore I have taken the liberty of communicating this information to your readers.

Dr. ARTHUR GODFREY WILKINS, who died on March 9th, at the age of 50, was the second son of Professor A. S. Wilkins of Victoria University, Manchester, and received his medical education at Owens College, Manchester, and Dublin. He graduated M.B., Ch.B. Vict., with honours, in 1900. After serving as house-surgeon to the late Mr. F. A. Southam, at the Manchester Royal Infirmary, he became senior resident medical officer at the Salford Union Infirmary, from which he went to Manchester as resident medical officer of the St. Mary's Hospital for Women and Children. He then began to practise at Patterdale, on the shores of Ullswater, which involved long daily journeys of more than forty miles. On one of these he was accompanied by the late Sir Robert Morant, who thus obtained an insight into the question of mileage for country doctors. During his twelve years in Patterdale Dr. Wilkins was appointed justice of the peace for Westmorland. At the outbreak of war he disposed of his practice and, after spending some time with the French, received a commission in the R.A.M.C., serving in France and in German East Africa. In 1918 he was appointed a bimbashi in the Egyptian Army, but did not go to Egypt, as the war ended immediately after his appointment. On leaving the army he became chief school medical inspector for the Staffordshire County Council, and was responsible for the establishment of over thirty school clinics and infant welfare centres within eighteen months. Into this work he threw an immense amount of energy and enthusiasm. He subsequently spent two years as a ship surgeon, visiting China and the East Indies, and held the posts temporarily of superintendent of the Staffordshire Infirmary at Prestwood and of the Cheshire Joint Sanatorium at Market Drayton. His last appointment was that of medical superintendent of the Essex County Sanatorium, from which ill health compelled his resignation after about one year's service. Dr. Wilkins was a representative of the Mid-Staffordshire Division in 1921, and a member of the executive committee of the North Staffordshire Division 1923-24. A colleague, to whom we are indebted for the particulars given above, writes: Of fine physique, absolutely unassuming, and of great charm of manner, all classes of persons within ten minutes would be talking to Dr. Wilkins as if they had known him all their lives. He was one to whose kindness and common sense many appealed in times of trouble, and remembered his help with sincere gratitude.

Dr. CHARLES DRUMMOND MUSPRATT of Bournemouth, who died suddenly on March 10th, was born in India in 1859, the son of Mr. Henry Muspratt, I.C.S. He received his medical education at Guy's Hospital Medical School, took the diplomas of M.R.C.S. Eng. in 1884 and F.R.C.S. in 1885, graduated M.B., B.S. Lond. with honours in 1886, and became M.D. in 1889. After serving as house-surgeon at Guy's Hospital and assistant medical superintendent at

St. Saviour's Union Infirmary he removed to Bournemouth for health reasons in 1891, and entered into partnership with Dr. J. Douglas. In 1892 he was appointed to the honorary medical staff of the Royal Victoria and West Hants Hospital, and in 1906 was appointed consulting surgeon. In 1919 he had a breakdown in health, which necessitated his retirement in the following year. For many years he was an active member of the British Medical Association, and was president of the Dorset and West Hants Branch in 1916. He was a member of the Ethical Committee of the Bournemouth Division from 1917 to 1923, and chairman of the Division during part of 1923. In 1892 he married the daughter of the Right Hon. Sir H. Knox; she died six years later, leaving three sons, one of whom was killed while serving in France in May, 1918, and another, who had won distinction in the Air Force by bringing down single-handed ten enemy aeroplanes, died through a crash at Martlesham, in March, 1918. Both the sons had been awarded the Military Cross. Dr. Muspratt himself rendered valuable assistance for two months during the war at the Allies' Hospital for French Soldiers at Yvetot near Rouen.

Dr. LEONARD SATCHWELL SMITH, who was killed in Nanking during the disorder consequent upon its capture by the Southern Chinese army, received his medical education at Birmingham and Newcastle-on-Tyne; he graduated M.B., B.S. Durh. in 1900. After holding the post of resident house-surgeon at the Queen's Hospital, Birmingham, he practised for some time in Kobe, Japan, and then moved to Nanking sixteen years ago as medical officer of the Tientsin-Pukow Railway. He also engaged in private practice in Nanking, and was very popular among the Chinese. In 1912 he married Miss May Williams, who with other refugees has reached Shanghai safely.

Universities and Colleges.

UNIVERSITY OF OXFORD.

Fellowship Election at University College.

ARTHUR DUNCAN GARDNER, M.A., M.D., University College, F.R.C.S., has been elected to a special supernumerary Fellowship at University College. Dr. Gardner, who was elected to the Radcliffe Travelling Fellowship in 1914 and was awarded the Radcliffe Prize in 1923, is engaged in research in the Department of Pathology and is bacteriologist-in-charge of the Standards Department under the Medical Research Council.

Radcliffe Travelling Fellowship.

The Electors have notified to the Master and Fellows of University College the election, on March 7th, of Thomas Cecil Hunt, M.A., B.M., of Magdalen College, to a Fellowship on the foundation of Dr. John Radcliffe. Mr. Hunt was an open scholar at Magdalen College, who obtained the Theodore Williams Scholarship in Human Anatomy in 1922, the Theodore Williams Scholarship in Pathology in 1924, and the Radcliffe Scholarship in Pharmacology in 1924.

Radcliffe Prize.

Bernard Warren Williams, M.A., B.M., Exeter College, F.R.C.S., has, on the report of the examiners, been elected by the Master and Fellows of University College to the Radcliffe Prize for a thesis entitled "The importance of toxæmia due to anaerobic organisms in intestinal obstruction and peritonitis."

UNIVERSITY OF LONDON.

MR. W. E. LE GROS CLARK, F.R.C.S., has been appointed, as from September 1st, 1927, to the university chair of anatomy tenable at St. Bartholomew's Hospital Medical College, where he has been university reader in anatomy since the beginning of 1924.

Dr. Hamilton Hartridge, F.R.S., has been appointed, as from September 1st, 1927, to the university chair of physiology tenable at St. Bartholomew's Hospital Medical College. He holds the M.A., M.D., and Sc.D. degrees of the University of Cambridge, is a Fellow of King's, and, since 1919, has been lecturer on organs of special sense and senior demonstrator in physiology at the Cambridge physiology laboratories.

UNIVERSITY OF LIVERPOOL.

THE following candidates have been approved at the examinations indicated:

FINAL M.B., Ch.B.—Part I: *R. K. Bowes, Gladys A. Coventry, J. H. St. B. Crosby, A. Dala, H. B. Dodd, R. A. Furness, K. J. Ham, E. W. Jones, Mary G. Jones, T. Lotter, Hilda M. C. MacMahon-Garry, J. S. Mather, G. W. Molyneux, Elizabeth B. Robson, J. L. A. Webster, F. J. Welton. Part II: I. Lipschitz.
DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.—G. Friedland, R. W. Gemmell, T. Harrison, Agnes B. MacGregor, A. M. Robertson.
* With distinction.

UNIVERSITY OF ABERDEEN.

At the graduation ceremony on March 23rd the following degrees and diplomas were conferred:

LL.D. (honoris causa).—Matthew Hay, M.D., LL.D., professor of forensic medicine in the University of Aberdeen, 1883 to 1926; medical officer of health for the city of Aberdeen, 1888 to 1923.
Sir Frederick Gowland Hopkins, M.A., D.Sc., F.R.C.P., F.R.S.; Sir William Dunn professor of biochemistry in the University of Cambridge.

Sir William Milligan, M.D., C.M.; lecturer on diseases of ear and throat, Manchester University, and consulting aurist and laryngologist, Manchester Royal Infirmary.

D.Sc.—Lieut.-Col. Ander on Gray McKendrick, M.B., Ch.B., F.R.C.P. Ed. M.D.—Philip Hayer (commended for thesis).

M.B., B.Ch.—W. Marshall, A. S. Paterson, G. J. Allan, A. W. Badenoch, J. Barclay, Catherine L. A. Craig, J. G. H. Davidson, R. G. Dingwall, P. T. J. Doss, A. D. Duff, G. A. P. Fraser, J. M. C. Gill, J. Lelper, J. W. Lobban, N. J. Logie, H. G. McPherson, C. P. Mann, N. G. Marr, J. R. Moir, J. H. Otty, Mary Riddoch, C. C. Ross, C. G. Walker, L. G. Walters.

D.P.H.—Jessie R. G. Dingwall, J. Innes.

* With second-class honours.

† Completed final medical examination with distinction.

UNIVERSITY OF GLASGOW.

THE University proposes to confer at the June graduation the honorary degree of LL.D. upon Sir Charles Ballance, K.C.M.G., C.B., consulting surgeon to St. Thomas's Hospital, London, and to the National Hospital, Queen Square.

SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have passed in the subjects indicated:

SURGERY.—J. de Rosa, J. A. Fernandez, R. Kahn, A. M. A. Moore, B. C. Pratt, S. Slotar, W. G. H. Warner.

MEDICINE.—G. W. Ayres.

FORENSIC MEDICINE.—G. W. Ayres, A. C. F. Barrow, L. J. Lawrie, G. C. Rhys Jones, H. N. Walker.

MIDWIFERY.—A. C. F. Barrow, W. H. Collins, L. J. Corbett, S. Goldman, H. H. Lakin, W. D. Neill, S. le R. Switzer.

The diploma of the Society has been granted to Messrs. G. W. Ayres, A. C. F. Barrow, J. de Rosa, R. Khan, and H. N. Walker.

Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

At the meeting of the Parliamentary Medical Committee on March 23rd, Dr. Fremantle presiding, Dr. Roche, an Australian practitioner who had worked with M. Spahlinger at Geneva, gave particulars of cases he had seen under the Spahlinger treatment for tuberculosis. His account of the results was very disappointing, though he would not say that no benefit had been done, and he cast no reflections on M. Spahlinger's personal sincerity. Dr. Roche's evidence conflicted with that of those members of the Parliamentary Medical Committee who had visited M. Spahlinger last year, and his statement was followed by a brisk discussion. During this Dr. Watts and Dr. Vernon Davies declared that they held to the opinions they had formed when they visited M. Spahlinger, and that if they were to be attacked themselves by tuberculosis they would go to him for treatment.

The Medical Committee decided that the urgency for an open lecture to members of Parliament on vaccination and small-pox had disappeared now that Dr. Watts no longer had a good chance to raise the question of vaccination when the House of Commons went into committee on the Civil Service Estimates. The lecture, consequently, was postponed *sine die*, but the Medical Committee considered that in view of recent public discussion on vivisection and the British Medical Association conference to be held on the subject on April 4th, it was desirable to invite all members of Parliament to a lecture on experiments on animals after Easter. Lord Dawson of Penn attended this meeting of the Medical Committee, and it is hoped that he will arrange to deliver the suggested lecture to members of Parliament early in May.

The medical profession has, unfortunately, lost the services of Dr. Haden Guest in the House of Commons. He was elected in the Labour interest for North Southwark in 1923, but, finding himself in disagreement with the policy of that party in respect of events in China, he resigned his seat and was not successful in the by-election, when the constituency was carried by a member of the Liberal party.

At a meeting of the Unionist Associations of the four Scottish Universities, on March 28th, Mr. John Buchan was chosen as a candidate for the vacancy in the parliamentary representation of those universities caused by the death of Sir Henry Craik. Mr. Buchan has accepted the invitation to stand "as a loyal follower of Mr. Baldwin, and believing his creed of voluntary evolution offers the best help for the country."

The House of Commons this week passed the Consolidated Fund Bill, agreed to the Lords amendments on the Poor Law Emergency Provisions (Scotland) Bill, and took the Committee

stage of the Army and Air Force Annual Bill. During discussion on the last measure debate arose on the retention of the death penalty in the army for desertion and cowardice in the field. The Nursing Homes Bill, introduced by Mrs. Philipson, was down as second order of the day for April 1st. Debates also arose on the supersession of the elected guardians at Chester-le-Street, and on the encouragement of rural craftsmanship.

Physically and Mentally Defective Children.

When the second reading of the Consolidated Fund Bill opened, on March 24th, Mr. Trevelyan, on behalf of the Labour party, began a debate on education. He complained that when the Minister of Health revised the code of regulations governing elementary schools he had swept away all detailed building regulations, all special requirements as to floor space, playground space, and lavatory accommodation, and had left local authorities to build as they pleased. There were 623 schools which had been absolutely condemned, but not replaced, and 160,000 children in them. Mr. Morrison called attention to the provision made for educating subnormal children. In the case of blind or partially blind children, 2,408 out of 4,694 who in the opinion of the Board of Education might benefit from admission to special schools were either in public elementary schools or attending no school at all. Out of 4,154 totally deaf children in England and Wales, 319 attended ordinary schools. Of 2,170 partially deaf children, 1,632 were in ordinary schools, and 80 not in any school. The Board of Education showed 142,889 physically defective children, including cripples, those suffering from tuberculosis, and those requiring open-air schools. Of them, 94,332 were in public elementary schools, and 18,931 not in any school. Out of 33,000 mentally defective children, 12,470 were attending elementary schools who should not be there. There were 3,872 who were educable, but attending no school, and 110 education authorities had made no provision for teaching mentally deficient children. The Minister of Health had issued a circular saying: "It would not seem prudent to incur heavy expenditure at the present moment on new schools for such children or on enlargements of such schools." Yet the records of the existing schools showed that between 60 and 70 per cent. of the children who passed through these schools were at work two years after leaving them. In England and Wales on March 31st, 1926, accommodation was only provided for 17,154 educable mentally deficient children—about half the accommodation required. A committee on the education of mentally defective children had been sitting for two and a half years. It must be near the end of its labours. Why had the Minister intervened to advise against the construction of special schools? It was nonsense to suggest that the situation could be met by increased zeal on the part of the school medical services in ascertaining children with these disabilities. Lord Eustace Percy intervened to say that what he had declared in a circular was: "It will be understood that the Board do not underrate the value of special schools, but . . . the completion of the school medical service would appear to be of primary importance." Mr. Morrison retorted that the doctor, so far as mentally defective children were concerned, could never do the work of the teacher.

Replying to the debate, Lord Eustace Percy said the explanation of the number of blind children not attending special schools was either the unwillingness of the parents to have their children placed in such schools or the fact that the children had reached an age where the obligation to attend such schools no longer held good. In London there were a large number of physically or mentally defective children whom they could easily classify and bring together into special schools. But the main problem was in the areas where there were only a few defective children, who could only be dealt with by having a class somewhere in connexion with an elementary school, or by sending them to a residential institution. Members who had been to mentally defective schools in parts of the country other than London, and had seen the mixture in one room of widely differing grades and types of mental defectives, must have asked whether it was good for these children to be altogether. Were the Board to use its powers of compulsion with regard to mentally defective children, and dealt with them wrongly, that would be worse than not dealing with them at all. The Board was now for the first time about to present the country with the settled programmes of local authorities, and on these programmes arose the question whether a number of new schools for the mentally defective were to be built. From the beginning of last May the whole work of school building and of placing contracts for school buildings had been seriously affected by industrial disputes. Mr. Morgan Jones referred to the death rate of children under 5, and said some provision should be made to bring children at 4 or 5 into some form of nursery school where their physique as well as their moral training might be looked after. Dr. Menzies, the medical officer of the London County Council, had reported 10,000 children who were or had been suffering from rheumatic symptoms. Having regard to the effects in later life of this disease, there was a strong case for intensifying the medical service attached to educational work throughout the country. The Duchess of Atholl said everyone who had read the last report of the Board's principal medical officer must feel grave concern at the figures there given on the health of children under 5. Nursery schools were doing splendid work in improving the health of small children. Children suffering from heart trouble caused by rheumatic infection were to an increasing extent being admitted to schools for the physically defective. In some areas, thanks to the provision of orthopaedic treatment for the crippled child, increasing space was being found for rheumatic children or for

and that of squadron officers little in excess of the same figure. The anti-stalling gear had been found suitable only for some types of aeroplane. The department was making every effort to find a petrol tank which would give adequate security both in accidents and enemy action. A general policy had been adopted that all personnel in the air should carry parachutes. But only in collision, fire in the air, or aircraft failure at a height could the parachute be instrumental in saving life.

Detection of Tubercle in Milk.—Sir G. Hennessy, replying to Mr. Everard on March 29th, said that various investigations had been promoted during the past few years in the attempt to devise better methods for determining whether milk was tuberculous. One of these, undertaken jointly by workers at the National Institute for Medical Research and at the National Institute for Research in Dairying, made possible a considerable improvement of pre-existing methods. An account of this was published in 1925. Further search would be made for new means of attacking this difficult problem. The reference given by Sir G. Hennessy was as follows: S. R. Douglas and L. J. Meanwell, "A new method for the concentration of bacilli in tuberculous milk" (*British Journal of Experimental Pathology*, 1925, vol. 6, p. 203).

Tuberculosis Treatment.—In reply to Colonel Day, Mr. Chamberlain said the total expenditure in England and Wales on the carrying out of the approved schemes for the treatment of tuberculosis during the last three completed financial years, excluding capital expenditure, was as follows: For the year ended March 31st, 1924, £2,884,062; 1925, £3,034,600; 1926 (provisional figures), £3,157,879.

Light Treatment.—Sir Kingsley Wood, on March 28th, told Mr. Cadogan that the Minister of Health had no authority to make regulations whereby only qualified medical practitioners should be allowed to treat patients with the ultra-violet ray. In cases in which his approval was required to the installation of artificial light apparatus, it was made a condition of approval that the treatment would be given under the supervision of medical practitioners who had experience of this form of treatment. The Minister of Health was informed that a central clinic and training centre where doctors and nurses could be instructed in the use of actinotherapy in the treatment of disease, had been established in London. Mr. Cadogan asked whether actinotherapy could not be placed in the same category as dangerous drugs. Sir K. Wood replied that if a question were put down he would consider it.

Indian Medical Service.—On March 28th Earl Winterton informed Mr. Pethick-Lawrence that the Secretary for India had found it necessary to consult the Government of India further on the question of providing facilities for study leave to Indian officers who entered the Indian Medical Service by competitive examination in London. He hoped that an announcement could be made very soon. In the House of Lords, on March 29th, Lord Lamington asked the Secretary for India what steps were being taken to reconstruct the Indian Medical Service and to provide adequately for the medical needs of the people of India. The Earl of Birkenhead said that he had been in correspondence with the Government of India, which consulted the provincial governments with a view to the future organization of the medical service in that country. He had recently received from the Government of India its final proposals, and his comments on these were forwarded on February 17th. Pending receipt of a reply he was not in a position to give full details of the scheme which it was proposed to adopt. The cardinal features of it were: (1) the retention of the Indian Medical Service and the necessary war reserve of trained medical men; (2) the provision of European medical attendance for European officers of the Superior Civil Service and their families; (3) the creation of provincial medical services, recruitments for which would be carried out by the local Governments. He anticipated that it would be possible to bring the new scheme into operation at no distant date.

Disablement Pensions.—The Minister of Pensions states that 26,200 disablement pensions ceased in 1924, 16,150 in 1925, and 13,150 in 1926. Cases of a wound or sickness breaking out again after a disability pension has been stopped and the statutory year allowed for appeal has passed are comparatively rare and are met by provision of medical or surgical treatment in the course of which the Ministry can judge whether special action is required. Answering Sir Richard Barnett, Major Tryon said he could not give a free choice to the pensioner between metal and wooden artificial limbs, or in any other type of appliance. When the medical officer of the Ministry considered that a metal limb should be given it was issued. The statement that the Ministry was providing wooden stumps was untrue.

Palestine: Quarantine Station.—Mr. Amery, on March 28th, said that the High Commissioner for Palestine reported that there was now no mosquito breeding in the area within one and a half kilometres of the quarantine station at Haifa, and that no anopheline mosquitoes had invaded the quarantine station from a swamp, which existed at that distance. Lord Plumer was advised that no more suitable and no healthier site than the present one could be found for the permanent quarantine station.

Sexual Offences and Young Offenders in Scotland.—On March 29th Sir J. Gilmour, replying to Mr. R. W. Smith, who asked if he proposed to introduce legislation dealing with the question of sexual offences against young persons in Scotland, said that he proposed to await the report of the Scottish Committee on Young Offenders now sitting, and to consider the two reports together. He had already taken action on recommendations of the committee which did not require legislation.

Notes in Brief.

On March 29th the Sale of Food and Drugs Bill, which has already passed through the Commons, was read the second time in the House of Lords.

The estimated daily cost of each occupied bed in an army hospital is 13s. 7d., of which 7s. 4d. is for staff and 2s. 6d. for patient's maintenance.

At the end of 1926 there were 99 licensed establishments for pasteurizing milk in England and Wales, and 591 other licensed establishments for the sale of such milk. For certified milk 120 producers' licences were current, for Grade A (tuberculin tested) 131, and for Grade A milk 258.

The Minister of Health does not propose to institute any inquiry into the physical, as opposed to chemical, methods of improving flour. He understands these methods are still experimental.

The Minister of Health has appointed a departmental committee to consider and to make recommendations on the Optical Practitioners (Registration) Bill, which is set down for second reading on May 13th.

Mr. Chamberlain is now considering a recommendation of the Royal Commission on National Health Insurance that the ordinary benefits of health insurance should be provided on a basis of mutual insurance to deposit contributors who, through the state of their health, cannot obtain admission to an approved society.

Commander Kenworthy presented, on March 23rd, a petition, signed by 15,286 persons, praying that vivisection be prohibited by law.

Sir P. Cunliffe-Lister states that the regulations respecting the standard of accommodation for seamen on board ship have not been revised since October, 1923.

Medical News.

THE College of Physicians of Philadelphia has arranged to commemorate the hundredth anniversary of the birth of Lord Lister on the evening of April 6th. The president, Dr. Hobart Amory Hare, will take the chair, and addresses will be given by His Excellency Sir Esmé Howard, K.C.B., the British Ambassador, and Dr. Astley P. C. Ashhurst.

SIR WILLIAM DE COURCY WHEELER presided over the annual meeting and festival dinner, in London, of the Irish Medical Schools' and Graduates' Association on March 17th; about 150 members and guests were present. Colonel G. A. Moore proposed the health of "The Guests" in a witty speech, and replies were made by Vice-Admiral Sir Frederick Field, Sir Squire Sprigge, and Dr. Bortram Watson. The toast of "The Association" was proposed by Dr. Kenneth Fraser, and Sir William Wheeler responded. The arrangements for the evening, which worked out very successfully, were made by the honorary secretary for the dinner, Dr. F. R. Holmes Meyrick.

AT the invitation of Mr. Comyns Berkeley twenty-eight personal friends met Dr. Russell Andrews at the Garrick Club on March 22nd to say farewell to him on his retirement to the country. The company included Mr. J. Banister, Dr. J. Barris, Sir George Blacker, C.B.E., Dr. Bellingham Smith, Mr. Victor Bonney, Mr. A. Bourne, Dr. Darwall Smith, Mr. S. Dodd, Dr. M. Donaldson, Dr. T. W. Eden, Dr. J. Fairbairn, Dr. J. Hedley, Mr. Eardley Holland, Dr. V. Lack, Dr. S. G. Luker, Sir Ewen Maclean, Dr. A. Palmer, Mr. F. Provis, Mr. Carnac Rivett, Sir Henry Simson, K.C.V.O., Mr. T. Stevens, Mr. Clifford White, Dr. A. Willett, Dr. J. Wyatt, and Sir Hugh Rigby, K.C.V.O., and Dr. Lewis Smith, who joined the London Hospital in the same year as the guest of honour. Dr. Eden proposed in most fitting terms the health, long life, and happiness of Dr. Russell Andrews, which was drunk with the greatest enthusiasm, after which Dr. Russell Andrews replied.

SIR ERNEST HATCH, K.B.E., presiding over the annual meeting of University College Hospital last week, referred to the increasing popularity of the infant welfare department, 100 clinics having been held during the year with an aggregate attendance of considerably over 5,000. Nearly 10,000 home visits had been paid by health visitors. The present accommodation was inadequate, and he suggested the conversion of a building at the back of the obstetrical hospital into a new infant welfare centre at the cost of £20,000. The number of in-patients in the hospital had increased by nearly 600 over the previous year.

THE Fellowship of Medicine has arranged to supply a comprehensive ticket for a general course of post-graduate work available at any of some fifty London hospitals for any period from one week to one year; the charges range from two to twenty guineas according to the period required, and the holder can thus plan a time-table in accordance with his special requirements. Owing to the Easter vacation the special courses arranged for April will not begin until the last week. The Royal Waterloo Hospital will provide a comprehensive course in medicine, surgery, and gynaecology. A series of eight lecture demonstrations on tropical medicine will be given on Tuesdays and Thursdays, at 2 p.m., at the

London School of Tropical Medicine, beginning April 27th. Dr. Heald will give a series of four lecture demonstrations on successive Wednesdays at the Royal Free Hospital, at 5.15 p.m., from April 27th. Copies of all syllabuses, the *Post-Graduate Medical Journal*, and the general course programme may be obtained from the Secretary of the Fellowship, 1, Wimpole Street, W.1.

A POST-GRADUATE course on infant care, for health visitors, nurses, midwives, superintendents of infant welfare centres, and others interested, will be held at the Infants Hospital, Westminster, from 6.30 to 7.30 p.m. on Mondays, from April 11th to June 27th. This course prepares for the post-graduate certificate of the National Association for the Prevention of Infant Mortality. The subjects include: breast-feeding; feeding of the toddler; common diseases of the skin in childhood; the early education and prevention of crippling; mental and subnormal children; the causes of ear, nose, and throat trouble in young children; diphtheria; sunlight treatment; summer diarrhoea; and the psychology of the toddler. Particulars may be obtained from the secretary of the association, Miss I. Colhoun, 117, Piccadilly, W.1.

THE Joint Tuberculosis Council has arranged a post-graduate course in tuberculosis in Copenhagen in May, under the supervision of Dr. Axel Reyn. The course will include the surgical treatment of pulmonary tuberculosis and the use of pneumothorax, tuberculosis of the eye and larynx, and an exposition of the Danish campaign against this disease. Members of the course will leave Harwich on May 7th and return there on May 21st; the approximate cost is estimated as £25. Further information may be obtained from the Honorary Secretary, Post-Graduate Courses, The Larches, Farnham Royal, Bucks.

AT the annual meeting of the Society for the Study of Inebriety (Alcoholism and Drug Addiction), to be held in the rooms of the Medical Society of London, 11, Chandos Street, Cavendish Square, on Tuesday, April 12th, at 4 p.m., a discussion on the Inebriates Act of 1898 will be opened by Dr. R. W. Branthwaite, C.B., late Commissioner on the Board of Control.

THE eighth Salon des Médecine for the exhibition of pictures, engravings, sculpture, and decorative art by members of the medical, dental, and veterinary professions and their families will be held in Paris from April 3rd to 12th. The organizing secretary is Dr. Paul Rabier, 84, Rue Lecourbe, Paris XV^e.

THE Astley Cooper studentship at Guy's Hospital falls vacant on July 4th. The present value of the prize is about £150 per annum, with an additional sum of £50 for expenses. Some particulars are given in our advertisement pages, and further information can be obtained from Mr. C. H. Fagge, M.S., Guy's Hospital, S.E.1., to whom applications for the post must be sent by May 31st.

THE Ancoats Hospital in Manchester was founded in 1828 and it is proposed to hold centenary celebrations in August next year. An appeal is about to be launched for funds to construct a new ward containing a hundred beds at a cost of £100,000. The hospital already treats 20,000 accident and casualty cases annually although only a hundred beds are available; two new operating theatres are also required. The hospital is situated in one of the most crowded parts of Manchester, and the demands made upon it are great. Recent additions include a new nurses' home and an extension of the out-patients' department.

DR. WILLIAM EVANS THOMAS of Ystrad-Rhondda has been appointed sheriff for Merionethshire.

ON his retirement from the post of medical officer of health for Canterbury after fifty years' service Dr. Frank Wachter has been presented with an inscribed silver cigar and cigarette cabinet by the officers of the corporation.

DR. RICHARD EAGER, medical superintendent of the Devon Mental Hospital, Exminster, has been presented by the officers and staff with a silver salver to commemorate his twenty-one years' service in that institution.

WE have received a copy of the two hundredth volume of the *Deutsche Zeitschrift für Chirurgie*, the well known German surgical journal which was founded in 1872 by Karl Hüter and Albert Lücke. The volume, which consists of 866 pages, contains a preface and an obituary notice by the editor, Professor F. Sauerbruch of Munich, of the orthopaedic surgeon, Professor Georg Perthes of Würzburg, with his portrait, thirty-seven original articles by leading German, Austrian, Hungarian, Swedish, Spanish, Greek, Dutch, and Finnish surgeons, and an index for vols. 191-200 inclusive.

AN international congress on goitre will be held at Berne at the end of September.

THE Bureau of the Far East at Singapore reports that for the week ending February 26th there were 18 cases of plague with 12 deaths, 66 cases of cholera with 53 deaths, and 452 cases of small-pox with 150 deaths.

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.**

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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, Drumshugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 4361 Central).

QUERIES AND ANSWERS.

HIGH ALTITUDES IN OLD AGE.

"M.B." asks: Is it advisable for a practitioner aged 74 to visit places of the altitude of Murren or Zermatt or to travel in the Dolomites? Quick ascent in a funicular railway has certainly caused some discomfort. Would the same thing apply to a more gradual ascent by rail or car?

* * We have referred this question to Dr. Leonard Hill, F.R.S., who has been good enough to reply as follows:

If a man's heart, blood vessels, and kidneys are in a healthy condition there is no reason why he should not go up to the Swiss resorts at altitudes of some 5,000 ft., even though he be 74 years old. If the rapid ascent in the funicular railway the whole way causes any discomfort let him break his journey half-way up for a night and so become acclimatized.

MORBID SHYNESS IN A CHILD.

DR. R. MACD. LADELL (Birmingham) writes in further answer to "K. H. G.": No psychological analysis is possible either with children or adults until the psychologist has ceased to be a "stranger." In this particular case it is probable that much preliminary time would have to be spent in getting on good terms with the child and in educating the parents, since their reactions to the child are probably faulty.

INCOME TAX.

Contributions to the Press.

"G. R. H." inquires whether a few occasional guineas earned by contributions to the press on (1) medical or (2) other subjects are liable to income tax.

* * We are of opinion that an isolated contribution might not be liable—though that is open to doubt—but it is clear that casual contributions extending over a period would create liability.

Depreciation of Motor Car.

"D." discussed the question of a depreciation allowance with the inspector of taxes about a year ago, who informed him that if he claimed "depreciation" no allowance would be made on the purchase of a new car and suggested that that claim be dropped. It has become probable that our correspondent will retire before he needs to renew his car, and consequently will never be in a position to claim renewal allowance, and he has therefore again raised the depreciation question. The inspector declines to allow any sum for years prior to 1927-28, but takes the annual depreciation into account as from the date of purchase of the car in computing the 1927-28 allowance. Is there any redress?

* * The depreciation is for the year of assessment, and it is an established principle that it must be calculated on the capital value as written down from the date of purchase. The inspector is therefore correct in putting the allowance at £49 for 1927-28. But we suggest that our correspondent has some prospect of success in pressing his claim to add to that sum the £68 and £58 referable to the years 1925-26 and 1926-27. It is true that where depreciation is allowed no claim for "cost of renewal" can hold good, but an "obsolescence" allowance is not excluded, and in this case would have been claimable if the car were replaced. The inspector was therefore not quite correct in saying that if