

## LATE RESULTS OF CHRONIC GASTRIC ULCER TREATED MEDICALLY.

BY

L. FORMAN, M.D., M.R.C.P.

IN order to throw light on the late results in cases of chronic gastric ulcer treated by medical methods without operation, the records of patients admitted to the wards of Guy's Hospital from 1914 to 1922 have been examined.

The difficulty of proving the presence of a gastric ulcer is often considerable—the only absolute proof is afforded by handling the viscus at operation or on the *post-mortem* table. The next best confirmation of the diagnosis is the positive result of an x-ray examination; failing this, we are reduced to ordinary clinical methods, which, however, are not infallible.

The cases selected from the reports were those in which x-ray examination revealed definite evidence of ulceration, usually by the presence of a crater. Four cases were used where a laparotomy had been performed, but no operative treatment on the stomach had been undertaken owing either to the position of the ulcer or to the adhesions around it; in three of these cases the ulcer was high up on the lesser curvature.

During the eight years covered, 79 cases were found which gave x-ray evidence of ulceration, and were followed up. The smallness of this number compared with the total admitted with the diagnosis of gastric ulcer is to be explained by the fact that in the reports of some of the cases no mention was made of the x-ray findings, and in others no x-ray examination was made—for example, in haematemesis. By studying cases with positive x-ray findings the position of the ulcer could be defined, and an attempt made to ascertain results of treatment relative to the position.

Each patient was sent a printed form on which questions as to the subsequent history of the abdominal condition were set. Where possible an interview was arranged, when the answers could be supplemented and the stomach screened. From the 79 cases so selected 57 replies were received; 16 could not be used owing mainly to operative intervention. There remained, therefore, 41 cases, and 32 interviews were obtained and the stomachs screened. The results were arranged in the following groups:

- A. Absolute freedom from symptoms since leaving the hospital—9 cases (22 per cent.).
- B. Marked improvement had resulted and persisted as a result of hospital treatment in 9 (20 per cent.). This group also included those who were very much better and who had a negative x-ray examination in 1925.
- C. The number *in statu quo ante* was 19.
- D. The symptoms had become worse in 4.

The percentage of A and B together was 42; of C and D together 57.

These percentages may be compared with the late results found by Dr. Conybeare in 39 cases of gastric ulcer treated surgically at Guy's.<sup>1</sup>

Medical Cases.		Surgical Cases.	
Group A	... 22%	Group A	... 38.0%
Group B	... 20%	Group B	... 20.0%
Group C	... 57%	Group C	... 17.5%
Group D	... 57%	Group D	... 22.5%
... 42%		... 58%	
... 57%		... 40%	

The results, analysed in regard to position, are as follows:

*Ulcers in the Cardiac Third of the Stomach.*—Six cases were obtained; of these, 4 were in Group A and 2 in Group B.

*Ulcers in the Middle Third of the Stomach.*—Number of cases 27. In Group A there were 2 cases (7 per cent.); in Group B 3 cases (11 per cent.); in Group C 17 cases (63 per cent.); and in Group D 3 cases (11 per cent.).

*Ulcers in the Pyloric Third of the Stomach.*—Number of cases 10. In Group A there were 3 cases (30 per cent.); in Group B 4 cases (40 per cent.); in Group C 2 cases (20 per cent.); and in Group D 1 case (10 per cent.).

It has been stated that the result of medical treatment varies with the duration of the symptoms, and presumably the chronicity of the ulcer. In this series the length of history of the cases was as follows:

*Cardiac Cases.*—Those in Group A had a history of 3 years, 10 years, 3 months, and 2 weeks respectively; those in Group B of 2 years.

*Mid-Gastric Cases.*—Of the two cases in Group A, one had a history of 11 years, the other of 6 months. Of those in Group B there was a history of 9 years, 12 years, and 12 years respectively. Of the Group C cases symptoms had been present for 20 years in one case; for 17, 11, 9, 7, and 6 years respectively in five cases; for 5 years each in four cases; for 2 years in one, 1½ years in one, 1 year in each of five cases; for 2 months in one, and for 1 week in one. Of the three cases in Group D, one had a history of 9 years, one of 5 years, and the third of 1 year.

*Ulcer in the Pyloric Third of the Stomach.*—Symptoms had been present in the three cases in Group A for 15, 7, and 4 years respectively; in the four cases in Group B for 15, 14, 9, and 3 years respectively; in the three cases in Groups C and D for 15 years in one, and for 1 year each in the other two.

The above does not show any constant relationship between the duration of the condition before treatment and the ultimate result. Thus in the mid-gastric group, seven cases unrelieved by treatment had histories of one year or less. Krohn,<sup>3</sup> discussing the results of medical treatment in 200 cases of gastric ulcer, came to a similar conclusion.

### Relation of Results and After-treatment.

The patients were practically all of the artisan class, in whom dieting and the regular taking of medicines is likely to prove irksome if not impossible. It was found that no dieting was practised save during the bouts of pain, when meat, etc., was avoided, and bismuth taken. This absence of prolonged after-treatment may help to explain the failures.

### Conclusions.

1. Very optimistic claims are made from time to time for the results of medical treatment of ulcers. It is interesting to note the results given at roughly ten years' interval: Joslin<sup>2</sup> in 1899 gave 40 per cent. well at the end of five years, and in 1914, 39 per cent. Krohn<sup>3</sup> in 1924 gave 48 per cent. in patients over 40 years of age. These authors include gastric and duodenal ulcers in their figures. The 48 per cent. well or very much better of this series would agree with the above. The treatment of gastric ulceration has changed in the last thirty years, but this change is not reflected in my figures.

2. The impression that the chances of successful treatment of an ulcer with a long history are poorer than in one of short duration does not receive support in this series.

3. The cardiac cases, although very small in number, give a good result for medical treatment.

My thanks are due to Dr. Poulton for his help and advice, and to the physicians of Guy's Hospital for giving me access to the reports.

### REFERENCES.

- <sup>1</sup> Conybeare: *Guy's Hospital Reports*, 1923.
- <sup>2</sup> Joslin: *Journal of American Medicine*, 1899; *ibid.*, 1914.
- <sup>3</sup> Krohn: *Norsk Magazin for Laegevidenskaben*, 1924.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### RUPTURE OF THE RECTUS ABDOMINIS MUSCLE.

TRAUMATIC rupture of the rectus abdominis is a rare condition, though one easily diagnosed. It has been recorded as occurring in tetanus, and there is a specimen in the museum of the Royal College of Surgeons in which the muscle has been completely torn across as a result of a tetanic spasm. Severance of a few fibres of the rectus muscle is probably not uncommon, and after labour a peculiar tumour, really a fibroma, occasionally occurs, which is traumatic in origin.

A woman, aged 35, an acrobat, was admitted to the Leeds General Infirmary on January 23rd, 1927. Ten days before admission, while performing a trick, she had experienced a sudden severe pain in the abdomen which compelled her to give up her performance that night, which was a Saturday. The following week she managed to perform some of her less arduous tricks, but on the Saturday of that week she again hurt herself and had to give up her work and to seek admission to the infirmary. There was marked tenderness over the rectus abdominis muscle just below and to the outer side of the umbilicus and slight swelling. Above this a distinct gap could be felt occupying about half the transverse extent of the muscle. This became visible on the patient raising her head. Operation was recommended and carried out. An incision was made over the injured area and the rectus sheath exposed. This was opened and the muscle was found torn through about half of its extent. The gap, which was three-quarters of an inch wide, was filled with blood clot.

This was cleared out and the divided muscle united with stout catgut applied as mattress sutures. The patient made an uninterrupted recovery. She was advised not to do acrobatics for at least three months.

Leeds.

P. J. MOIR, M.B., F.R.C.S.

#### RUPTURE OF THE RECTUS ABDOMINIS MUSCLE SIMULATING APPENDICITIS.

RUPTURE of the rectus abdominis muscle by indirect violence appears to be a condition of relatively rare occurrence, and is not mentioned in any of the standard textbooks as a lesion to be considered in the differential diagnosis of appendicitis.

A woman, aged 48, was admitted to Northampton General Hospital on February 8th, 1927. Six weeks previously, while stretching up to take a jar from a shelf, she felt a sharp pain in the right iliac region. The pain was present for three days, but there were no other symptoms, and she was able to do her housework. One week before admission, while walking about the house, she again felt the pain and went to bed. The pain became a constant ache with occasional sharp twinges, located at first in the suprapubic region and later in the right iliac fossa. During the week she also complained of loss of appetite and was feverish at night, sweating frequently. She had no cough, nausea, or vomiting, but was constipated.

On admission the temperature was 99.8°, and the pulse 96. The abdomen presented slight resistance in the lower half of the right rectus muscle and slight deep tenderness, with its maximum one inch above and internal to McBurney's point. No tumour was palpable. The heart and chest were normal. A diagnosis of subacute appendicitis was made, and the abdomen opened by a right paramedial incision. The rectus sheath was blood-stained, and on opening it the middle third of the muscle was found to be ruptured about 1½ inches below the umbilicus. Between the fragments was a blood clot which appeared to be partially organized. The muscle itself was dark red. On opening the peritoneum the appendix was found to be normal in every way. The ends of the ruptured muscle were approximated and the wound closed. Apart from the extrusion of a catgut suture the patient made an uneventful recovery and was discharged with a firm scar in sixteen days.

Of twenty-five recorded cases of rupture of the rectus abdominis muscle twenty-three occurred during influenza, one in pneumonia, one from coughing, cause not stated, and one from an effort in jumping.<sup>1</sup> The presence of muscular lesions in influenza and of a special predilection for the rectus abdominis, resulting in some cases in rupture, was made clear by Abrahams, Hallows, and French in 1919.<sup>2</sup> They described the muscle as haemorrhagic and pulpy, and thus distinct from the pallid appearance seen in other acute fevers such as typhoid. The lesions occurred chiefly in the very severe cases of influenza.

Where there is a definite infective lesion the occurrence of muscle rupture from slight degrees of violence is easy to explain, but in the case here recorded the rupture presumably took place six weeks before admission and at a time when the patient was in good health. The recurrence of symptoms five weeks later is difficult to explain, as she can give no history of a second strain.

I am indebted to Mr. Holman, F.R.C.S., for permission to publish this case.

Northampton.

C. R. McCASH, M.B., Ch.B.

#### PULMONARY EMBOLISM FOLLOWING CHILD- BIRTH—RECOVERY.

It may be of interest to add the following report of a case of pulmonary embolism to those recently published in the JOURNAL.

A primipara, aged 33, was delivered of a boy weighing 8 lb. in May, 1926; labour was somewhat lengthy, but not unduly so considering her age; otherwise it was normal in every way.

I was present at the birth, and her general condition was excellent. I was sent for three days later and found her very cyanosed, with a small pulse of 160, the temperature 100.5°, respirations 45. She told me that she had been quite well until an hour or so previously, when she felt a sudden severe pain in the left side of the chest, with difficulty in breathing. It was an effort for her to talk, and she was coughing up frothy blood-stained sputum.

The only physical sign I could find was a small area of dullness in the left upper lobe; everything else was normal.

Oxygen was given through a closely fitting mask, and on two occasions a quarter of a grain of morphine hypodermically for the pain. She was very ill for fourteen days; she then gradually recovered, and was up within four weeks. She is expecting her second child in June.

Yalding, Kent.

MARTIN HALLAM.

<sup>1</sup> Hartman, H.: *Presse Méd.* 1917, 25, 241.

<sup>2</sup> Abrahams, Hallows, and French: *Lancet*, 1919, i, 1.

## Reports of Societies.

### EXPERIMENTAL ENDOMETRIAL GRAFTS.

At a meeting of the North of England Obstetrical and Gynaecological Society on April 1st, at the Medical Institution, Liverpool, with the President, Professor FLETCHER SHAW, in the chair, Dr. J. W. A. HUNTER read a paper entitled "Some observations on experimental endometrial grafts."

Dr. Hunter said that though workers appeared to be satisfied when they had demonstrated the possibility of heterotopic endometrial growth, yet no one had as yet reproduced in animals a condition comparable with tarry ovarian cysts in women. In his research he had used some forty rabbits; the transplants were mostly autogenous, but a few were heterogeneous. The general reaction obtained was the growth of a multilocular cyst lined by columnar epithelium which was non-infiltrating; stromal proliferation only occurred in the papillary buds. From rabbits killed on the third and tenth days respectively after grafting two methods of cyst formation were found. The epithelium dipped down into the graft to form a cyst, or it covered the graft and lined the under-surface of the layer of fibrin which sealed in the graft. It was also noticeable in these experiments that while the columnar epithelium was scanty in the depths of the graft, it always covered the outer surface and grew along the lines of tissue junction. The stroma in the early stages was engorged. In order to test the effect of vascularity of the site of grafting, some transplants were placed in the liver and some in an avascular part of the abdominal wall in the same rabbit. The former showed considerable proliferation of endometrium with preservation of the racemose gland arrangement but surrounded by a definite capsule, whilst the latter showed a scanty growth of epithelium of a low activity. Even after 290 days a very active growth was found in the liver, whereas it was not so exuberant in the ovary. In another animal, after 388 days the general reaction was obvious, and after 760 days very small cystadenomata were found in atrophic ovaries. As a test of the influence of ovarian hormone grafts were introduced into the ovaries, and both the ovaries, containing corpora lutea, from another animal were transplanted into the abdominal wall. Fifty-four days later very large cystadenomata were found with adhesions to many adjacent organs; these showed large thin-walled cysts without invasion of surrounding structures. This result could only be obtained when the grafted ovaries from another animal contained corpora lutea. In an experiment in which the grafts were placed in the abdominal cavity of a male rabbit it was found thirty days later that there was no trace of the columnar epithelium, but the gland spaces remained. An attempt to confirm the "serosal" theory by the implantation of pieces of peritoneum and subperitoneal tissue produced a negative result, although there was an active growth of the mesothelial tissues. In one case in which grafts were placed in the ovary and the ovary was then transplanted into the abdominal wall definite endometriosis with invasion was produced. Dr. Hunter concluded from this series of observations that fragments of endometrium when grafted into any organ could grow. He considered that the factors which controlled growth of the stroma and endometrium were not the same, and that there was a selective action of the hormone of the corpus luteum controlling endometrial growth, more especially its epithelial portion. The experiments showed that whereas implanted endometrium could continue to grow for an almost unlimited time, it did not, in normal circumstances, become invasive. In the one instance in which there was an abnormal factor present (transplantation of the ovary which was the site of the graft) the typical picture of endometriosis was obtained. This rather led to the view that for the production of the human picture, one factor, either the endometrium or the invaded tissue, must be abnormal.

Dr. S. B. HERD asked whether the time in the oestral cycle at which the endometrium was taken for grafting made any difference to its capacity for growth.

## Obituary.

JOHN WHERRY WILLSON, L.R.C.P., M.R.C.S.,

Ex-Chairman of the Bradford Division of the British Medical Association.

DR. JOHN WHERRY WILLSON, who died on April 17th at the age of 59, received his medical education at Charing Cross Hospital, where he obtained the diplomas of M.R.C.S., L.R.C.P. in 1892. He began practice in Bradford some thirty years ago, and took an active part in the work of the British Medical Association and the Bradford Medico-Chirurgical Society. He was joint honorary secretary of the Bradford Division from 1909 to 1913, honorary treasurer from 1909 to 1919, and chairman in 1920. Upon his election to this last post he delivered an address entitled "Celebrated Yorkshire physicians," which contained many interesting historical references. He was a member of the Executive Committee of the Bradford Division from 1921 to 1923, and of the Division Ethical Committee from 1907 to 1909 and from 1922 to 1923. He was a member of the Yorkshire Branch Council from 1911 to 1912 and from 1920 to 1923. At the time of his death he was a member of the Executive Committee of the Harrogate Division. In 1924 he was elected president of the Bradford Medico-Chirurgical Society, and his inaugural address upon "Old Age" was considered a triumph of shrewd observation, apt quotations, and wise conclusions. Dr. Willson played a prominent part in the National Health Insurance controversy of 1911-12; and, from its inception until he left Bradford, he was a regular member of the Local Medical and Panel Committee. During the war his work as secretary of the Local Medical War Committee was of special excellence. He is survived by his widow.

A colleague writes: Dr. Willson was indeed the silver-tongued orator of the profession in Bradford. His flow of language, his clear enunciation, and his grasp of facts commanded the admiration of all. None of those who heard his address on "Meddlesome Midwifery" can forget the masterly exposition of his views, the statistical data, and the sagacious comments, all couched in beautiful phrases and delivered with easy grace and unchecked eloquence. He was a man of great literary and artistic taste and a wide reader, whose retentive memory made literature a joy to him. To his work in connexion with the Local Medical War Committee we largely owe the fact that in the area of the Bradford Division the task of fulfilling the Government's requirements proceeded so smoothly and with such general satisfaction. As a practitioner Dr. Willson gained the confidence of a large body of patients. He was a loyal and trusty colleague, a steadfast friend, and a very perfect gentleman. At the conclusion of his address upon "Old Age" he said: "Let us, with 'confidence born of the past,' meet the future with hope and good cheer, and with trust that whether our day end early or late, it may for each one of us be 'light at eventide.'" His last long illness was borne uncomplainingly, cheered by the hope that was in him.

Dr. CAROLINE MATTHEWS, who died at Sydenham on April 16th, aged 49, received her medical education at the Edinburgh Medical College for Women, and graduated M.B., Ch.B.Ed. in 1903. Much of her professional life was spent on the Continent, and for her services in connexion with the Messina earthquake in 1908 she received King Victor Emmanuel's medal; in 1911 she was awarded the Italian Red Cross medal and King Victor Emmanuel's Commemoration medal. During the Balkan war of 1912-13 she acted as war correspondent to the *Sphere*, and held the rank of surgeon in the Montenegrin army, being awarded the Order of Danilo. At the outbreak of the last war Dr. Matthews joined the Serbian army, and when it retreated she remained in charge of the military hospital at Uzitsi, being taken prisoner by the Austrians and imprisoned in Belgrade. After the war she spent much time in travelling, chiefly in India. Her publications included *Hints by a Lady Doctor* (1905) and *Experiences of a Woman Doctor in Serbia* (1916); she contributed an article entitled "In the hands of the enemy" to the *Sphere* in the latter year.

The following well known foreign medical practitioners have recently died: Dr. ANTONIO CARLE, professor of clinical surgery at Turin, aged 72; Dr. PERRIOT, director of the Medical School at Grenoble; Dr. LOUIS SCHNYDER of Berne, president of the Swiss Society of Neurology, aged 59; Professor HEVEROCK, a neurologist of Prague; Professor A. GILBERT, a leading Paris physician on the staff of the Hôtel-Dieu, joint editor of a system of medicine, and director of *Paris médical*; Professor FRIEDRICH GÖPPERT, director of the Pediatric Clinic at Göttingen; Dr. SALOMON EHRLMANN, a Viennese dermatologist; and Dr. FRIEDRICH MERKEL, a gynaecologist at Nuremberg.

## Medico-Legal.

### PROSECUTION UNDER THE DANGEROUS DRUGS ACTS.

*Definition of Legally Qualified Medical Practitioner.*

The stipendiary magistrate (Lord Ilkerton) at the Birmingham Police Court, on April 14th, inflicted a fine of £10, and £5 5s. costs, upon Alfred Arthur Austin of Edward Road, Moseley, Birmingham, on charges of attempting to obtain, and of being in possession of, dangerous drugs, he not being a person authorized or licensed in accordance with the Dangerous Drugs Regulations. Six further charges of being concerned in the supply of drugs on prescriptions signed by him to a Mrs. Ariss, since deceased, were dismissed on the ground that there was not sufficient evidence.

Mr. Joseph Edward Gascoyne, manager to Linells, Ltd., of Balsall Heath, stated that on five separate dates between 1922 and 1923 he supplied solution of cocaine to Mrs. Ariss on the defendant's prescription, and that in September, 1925, he personally supplied the defendant with a preparation containing morphine. The witness admitted that in March last he discussed with the defendant a recent prosecution of a person whose name had been removed from the *Medical Register*. The defendant seemed to be in doubt and had approached him in an inquiring spirit.

The defendant, in evidence, said he was qualified in 1887, being L.R.C.S.I. and L.A.H. Dublin, and on either of these qualifications he was entitled to practise surgery and medicine. He admitted that in 1913 his name was removed from the *Medical Register*, but he submitted that registration was not compulsory and he was not subject to any penalties for practising. The only drawback to not being registered was that he could not give death certificates which would be accepted by a registrar, and that he could not recover fees in a court of law.

Mr. P. W. Williams (the defendant's solicitor) argued that the defendant answered to the description of a duly qualified practitioner in accordance with the regulations and had committed no offence; but Mr. Pugh (the prosecuting solicitor) argued that under the Medical Act of 1858 to be duly qualified a medical man must be registered.

The stipendiary said he was satisfied that the defendant was not a legally qualified medical practitioner as he was not on the *Medical Register*. He would therefore fine the defendant £10, with the addition of £5 5s. special costs on the summons relating to being in possession of drugs.

## The Services.

### NAVAL VOLUNTEER DECORATION.

THE Royal Naval Volunteer Reserve Officers' Decoration has been conferred upon Surgeon Commander J. B. Ronaldson.

### INDIAN MEDICAL SERVICE DINNER.

THE annual dinner of the Indian Medical Service will be held at the Trocadero Restaurant on Wednesday, June 15th, at 7.15 for 7.30 p.m. Major-General R. W. S. Lyons has been invited to take the chair. Tickets and all particulars may be obtained from the joint honorary secretary, Colonel J. J. Pratt, I.M.S. (ret.), 18, Nevern Mansions, Warwick Road, London, S.W.5.

### DEATHS IN THE SERVICES.

Colonel Arthur Stephen, Bengal Medical Service (ret.), died suddenly at Ealing on April 22nd, aged 83. He was the son of Arthur Stephen of St. Cyrus, Kincardine, and was educated at Aberdeen, where he graduated M.A. in 1864, and M.B. and C.M. with honours in 1867. Immediately after graduation he entered the I.M.S. as assistant surgeon, passing into Netley first. He attained the rank of surgeon colonel on May 17th, 1894, and retired on May 19th, 1899. He served in the Abyssinian campaign of 1868, receiving the medal, but spent most of his service in civil employment in the Punjab, the last five years as Inspector-General of Civil Hospitals in that province.

Fleet Surgeon William Frederick Spencer, R.N. (ret.), died at Forest Hill, London, on April 15th, aged 79. He was educated at the Carmichael School, Dublin, and at Queen's College Galway, graduating M.D. and M.Ch. of the Queen's University, Ireland, in 1872. Soon after, he entered the navy as surgeon, and attained the rank of fleet surgeon on July 2nd, 1893. He served as surgeon of H.M.S. *Thalia* in the Egyptian war of 1882, and received the medal and the Khedive's bronze star.

**Medical Notes in Parliament.**

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

THE House of Commons reassembled on April 26th, when the Budget resolutions were discussed on the Report stage. The additional patent medicine duty resolution proposed that the additional excise duty imposed by the Finance Act of 1915 should be made permanent. An amendment, in the names of Sir R. Hamilton, Mr. Harris, and Mr. Duckworth, limiting the effect of the resolution, was ruled out of order. Lieut.-Commander Kenworthy urged that as poor people, who could not afford a doctor, bought patent medicines, the duty would be a tax on the sick and ailing poor.

Mr. McNeill said that the income from the duty last year was £1,340,000, a sum not to be despised in a time like the present. The additional duty was being made permanent, because experience had shown that these commodities could well bear the tax without decreasing their consumption. Since 1915 the yield from this duty had gone up nearly four times. Last year an interdepartmental committee had considered whether any better and more convenient form for the definition of the tax could be found, but recommended that the charging words under the old statute were really as useful, for the purpose in view, as any that could be put in their place. The tax was originally, and still was in principle, a tax on quack medicines. No real medicine recommended by a qualified medical practitioner, or which, coming under certain definitions, was supplied as ordinarily part of the *British Pharmacopoeia* by druggists, came under the tax at all. The resolution was carried.

On the following days debate on the Budget was continued.

**Universities and Colleges.****UNIVERSITY OF LONDON.****LONDON HOSPITAL MEDICAL COLLEGE.**

A LECTURE on recent medical and dental research on accessory food factors in relation to diseases of the teeth will be given by Dr. J. Sim Wallace at the London Hospital Dental School on Monday, May 9th, at 5 p.m. Members of the profession and medical and dental students of the hospital are invited to attend.

**UNIVERSITY OF BIRMINGHAM.**

UNDER the William Withering memorial lectureship a course of ten lectures on organic inheritance in man is being delivered by Dr. F. A. E. Crew, F.R.S.E., in the large theatre of the medical school buildings of the University of Birmingham. The first was delivered on April 27th and the last will be given on June 2nd. Members of the medical profession are invited to attend. Admission cards can be obtained on application to the Dean.

**UNIVERSITY OF GLASGOW.**

THE following degrees were conferred on April 23rd:

M.D.—R. L. Mackay, †D. M. Lindsay, †J. Lindsay, Grace M'Lintock, P. O. Moffat.

Ch.M.—J. R. Learmonth.

B.Sc. (in Public Health)—R. L. Leask.

M.B., Ch.B.—The degrees of M.B., Ch.B. were conferred upon the 57 successful candidates whose names were published in our issue of April 16th (p. 748).

\* With high commendation.

† With commendation.

**CONJOINT BOARD IN SCOTLAND.**

THE following candidates have been approved at the examination indicated:

**FINAL EXAMINATION.—Medicine:** V. H. L. Barlow, J. G. Buchanan, E. C. Davies, J. B. Forrester, T. Kelarkar, B. F. Lewin, A. C. Lovett-Campbell, H. J. Marcelin, F. X. Oliveira, S. K. Ponniah, S. T. Sodah, C. E. Vaz. **Surgery:** G. R. Day, M. M. Fargaly, G. R. Gardner, Alice Law, B. F. Lewin, P. M. K. Logan, Dorothy J. O. Mitchell, W. B. Russell, M. M. Wright. **Midwifery:** E. P. N. Abeyesundere, G. R. Day, A. S. Gordon, Alice Law, P. M. K. Logan, A. C. Lovett-Campbell, Eileen M'Cabe, N. Macleod, H. J. Marcelin, J. E. D. Mendis, Dorothy J. O. Mitchell, F. X. Oliveira, R. G. Paranjape, S. K. Ponniah, M. M. Wright, V. Virmetamby, C. E. Vaz. **Medical Jurisprudence and Public Health:** E. P. N. Abeyesundere, A. J. F. Almeida, J. H. Brush, J. Campbell, J. L. Dudgeon, J. B. Forrester, A. Jacorovitch, A. el Sayed el Khishin, Dorothy J. O. Mitchell.

Of 86 candidates entered, the following passed the Final Examination and have been admitted L.R.C.P.Ed., L.R.C.S.Ed., L.R.F.P. and S.Glas.:

Rosie Swamikan, J. J. Craig, J. Williams, V. Nath, T. G. Macintyre, M. Clayton-Mitchell, J. Hall, A. B. Paul, A. B. Gilston, K. Dhar, J. S. Fernando, H. A. Erickson, O. S. Crowther, V. Doraisamy, W. C. McLaren, J. Gilchrist, O. D. Wood, K. S. Rao, J. T. Amarasingham, M. Ponnambalam, W. J. Cudahy, A. Lipschitz, K. Cathiavelu, J. P. M. Donnelly, Elizabeth Bell, D. S. Johnston, T. de Silva, B. Kramer, R. Abrahams.

**SOCIETY OF APOTHECARIES OF LONDON.**

THE following candidates have passed in the subjects indicated:

**SURGERY.**—L. G. Apps, P. Brookes, W. H. Collins, A. F. J. D'Arcy, W. Howard, S. B. S. Smith, L. Wasef.  
**MEDICINE.**—D. K. Reynolds, S. K. Rigg.  
**FORENSIC MEDICINE.**—J. Bramall, C. M. Brooks, J. A. Fernandez, W. D. Neill, D. K. Reynolds.

**MIDWIFERY.**—P. Brookes, R. P. Charles, W. Howard, H. S. Marks, B. Rosenzvit, S. B. S. Smith, M. A. Yousef.

The diploma of the Society has been granted to Mr. L. G. Apps.

**Medical News.**

A MEDICAL congress under the name of Journées Médicales d'Égypte, organized by *La Revue des Maladies des Pays Chauds*, will be held at Cairo this year from December 15th to 24th, under the joint presidency of Professors J. L. Faure and A. Loufti el Sayed. The vice-presidents are Professors Andrew Balfour, Aldo Castellani, and J. W. W. Stephens. Various diseases of temperate and warm climates will be dealt with, including liver abscess, bilharziasis, trypanosomiasis, Oriental sore, leprosy, kala-azar, trachoma, malaria, yellow fever, and Malta fever. French and English will be the languages used for the congress. It will consist of the following sections: ophthalmology, of which Colonel R. H. Elliot is president; medicine, surgery, pathology, bacteriology, urology, gastro-enterology, hygiene, pharmacy, parasitology, dermatology, diseases of the ear, nose, and throat, pediatrics, obstetrics, neurology, tuberculosis, and veterinary medicine. There will be an international exhibition illustrating the application of science to medicine, surgery, pharmacy, and hygiene. In connexion with the congress special terms will be obtainable from steamship and railway companies. Further details about the congress may be obtained from the general secretary, Dr. Zeitoun, 32, rue Gay-Lussac, Paris, Vc., to whom notice of papers to be contributed should be sent before October 1st.

THE St. Mary's Hospital Institute of Pathology and Research has arranged a course of lectures on pathological research in its relation to medicine, to be given during the summer session on Thursday afternoons at 5 o'clock. The first, on May 5th, will be by Professor Carl Prausnitz, of the Institute of Hygiene, Breslau, who will deal with the bacteriophage. The second (May 12th) will be given by Dr. R. A. O'Brien, Director of the Wellcome Physiological Research Laboratories, who will discuss streptococci, their toxins and antitoxins; the third (May 19th), by Lieut.-Colonel S. P. James, M.D., I.M.S., Adviser on Tropical Diseases to the Ministry of Health, will be on malaria research; the fourth (May 26th), by Professor Hugh Maclean, on insulin; the fifth (June 2nd), by Professor Lovatt Evans, M.B., F.R.S., of University College, on the alkalinity of the blood; and the sixth (June 9th), by Professor B. J. Collingwood, on the molecular movement in the living blood. The lectures are open to all members of the medical profession and to all students in medical schools without fee.

THE Fellowship of Medicine announces that Mr. Goulden will give a demonstration at the Royal London Ophthalmic Hospital on May 3rd at 1 p.m.; this demonstration is free to medical practitioners. A series of clinical and cytoscopic demonstrations will be given at the All Saints' Hospital, Vauxhall Bridge Road, S.W., from May 2nd to 28th, and on each Wednesday during the four weeks a special lecture will be delivered at 2 p.m. The Maudsley Hospital will hold during the same period an afternoon course in psychological medicine, including demonstrations of the pathology of mental diseases, clinical psychiatry, and the psychoneuroses. From May 4th for four weeks there will be a course at the London Lock Hospital, comprising clinical teaching and a series of lectures. On successive Wednesdays from May 4th to 25th inclusive Professor McIlroy will give lecture demonstrations on ante-natal diagnosis and treatment. An intensive course will be arranged at the Central London Throat, Nose, and Ear Hospital from May 9th to 28th, covering all departments of laryngology, rhinology, and otology; as the entry for the operative part of the course is limited early application is desirable. From May 9th to July 15th the National Hospital, Queen Square, will hold a course comprising clinical lectures and demonstrations, teaching in the out-patient department, pathological demonstrations and lectures, a course in anatomy and physiology, and one in methods of examination. Commencing on May 16th a fortnight's course will be held at the Hampstead General Hospital; it will consist of medical, surgical, and specialty demonstrations primarily for general practitioners. Copies of all syllabuses, the general course programme, and of the *Post-Graduate Medical Journal* are obtainable from the Secretary of the Fellowship, 1, Wimpole Street, W.1.

A SPECIAL course in infants' diseases will be given at the Infants Hospital, Vincent Square, on the afternoons of May 16th to 28th, for medical officers of welfare centres and those who are interested. In addition to lectures, round table consultations, and clinical demonstrations, visits will be paid to a model pasteurizing plant, a venereal diseases centre, and homes for infants. The fee for the course is three guineas, and those wishing to attend should send early notification to the Secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1, since the course is limited to fifteen.

AT the quarterly meeting of the Welsh National Memorial Association at Chester last week certain reports on the Spahlinger treatment were presented. The medical committee expressed the view that the published records and statistics of cases treated by the Spahlinger remedies were not nearly complete or precise enough to allow of a scientific estimate of the results obtained. On the whole the committee were of opinion that they were disappointing. The remedies, it was said, did not offer a "certain" cure for tuberculosis, and conclusive evidence had not been forthcoming that they had materially altered the course of the disease. The committee did not recommend the application of public or other funds to the Spahlinger Institute.

A COURSE of lectures and demonstrations in surgical urology will be held at Necker's Hospital, in Paris, from June 8th to 18th. It will include practical work on the cadaver and the use of instruments. The inclusive fee is 1,000 francs, and further information may be obtained from Dr. Fey, 151, rue de Sèvres, Paris.

THE British Social Hygiene Council will hold a summer school at Keble College, Oxford, from August 3rd to 9th. A course of lectures on biology and social hygiene will be given by Professor J. Arthur Thomson, and one on psychology and social hygiene by Dr. H. Crichton Miller. Further information may be obtained from the secretary of the British Social Hygiene Council, Carteret House, Carteret Street, S.W.1.

IN aid of the rebuilding fund of the Royal Westminster Ophthalmic Hospital a luncheon will be held at the Savoy Hotel on May 4th, when the prospects of the hospital will be described by the Earl of Clarendon, Sir Richard Cruise, and others.

THE new laboratories of the Metropolitan Asylums Board at Park Hospital, Hither Green, S.E.13, will be opened by Mr. Neville Chamberlain on May 9th, at 3.15 p.m. These laboratories will be the headquarters of the Board's research and pathological work.

SIR BERKELEY MOYNIHAN, Bt., P.R.C.S., has been appointed a Deputy Lieutenant of the West Riding of the County of York and of the City and County of the City of York.

WE are asked to state that correspondence for Professor Lyle Cummins should in future be addressed to the Tuberculosis Department, Institute of Preventive Medicine, The Parade, Cardiff.

THE newly formed South Wales Medical Golfing Society will hold its first meeting at the Southerndown golf course on Thursday, May 5th, when play will take place for the Alfred Miles cup. All medical men in South Wales (comprising Glamorganshire, Cardiganshire, Carmarthenshire, Pembrokeshire, and Breconshire) and in Monmouthshire are eligible. The competition for the Treasurer's Cup of the British Medical Association will take place at the same time among members of the Cardiff, North Glamorgan, and Brecknock Divisions; the final stage of this competition, it will be remembered, is to be played at the Annual Meeting of the British Medical Association at Edinburgh on July 22nd. Full particulars can be obtained from Dr. T. Garfield Evans, 127, Cathedral Road, Cardiff.

THE final of the Medical Golfing Society's knock-out tournament was won by J. Cuning, the runner-up being E. Playfair.

IN view of the proposed new motor legislation the Automobile Association recently addressed a series of questions to motorists throughout the country. Replies were received from nearly 100,000. Ninety-seven per cent. were in favour of reverting to a petrol tax in place of the present taxation based on the horse-power of cars. The abolition of the twenty-mile speed limit was supported in 92 per cent. of the answers received; 81 per cent. favoured the abolition of ten-mile limits. In various questions of smaller importance the percentage was about the same. The highest percentage—98—was in favour of special legislation to penalize the joy-rider; from which it would seem that many motorists must have suffered from this irresponsible person.

PROFESSOR HERMANN LUDWIG WINTZ, director of the gynaecological clinic at Erlangen, has been invited by the Radiological Society of North America to deliver addresses before several American universities on the x-ray treatment of carcinoma.

## Letters, Notes, and Answers.

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

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

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

All communications with reference to ADVERTISEMENTS, as well as orders for copies of the JOURNAL, should be addressed to the Financial Secretary and Business Manager.

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

The TELEGRAPHIC ADDRESSES are:

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

MEDICAL SECRETARY, *Mediscera Westcent, London.*

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

### QUERIES AND ANSWERS.

"A SUFFERER" from cold and clammy hands asks for advice.

#### HABIT-SPASM IN A CHILD.

DR. JULYAN HOYTE (Elisabethville, Katauga) asks for suggestions as regards the prognosis and treatment of intractable habit-spasm in a little girl, aged 2½. When put to bed the child very often raises herself into the knee-elbow position and commences to sway her body backwards and forwards, the head striking the pillow sharply at each forward swing. She repeats this for two or three seconds for long intervals, sometimes continuing it for two hours, with brief rests, before falling asleep. Occasionally she goes to sleep normally, but rouses later to perform the bumping process. Punishment at the time seems to have no effect, but if administered during the next day it has some deterrent action. In other ways the child is normally developed, though rather slow in talking, a characteristic frequently noticed in the children of Europeans in the neighbourhood who grow up hearing two languages spoken. She has had two severe attacks of malaria, both accompanied by convulsions, but the first occurred some time after the habit-spasm commenced, which was about the age of 6 months.

#### READING FOR THE BLIND.

"J. A. H." wishes for information regarding the teaching of Braille type for the blind.

\* \* A child of school age would be taught this script at some school for the blind carried on by or with the co-operation of the local education authority. Under the Education Acts the local education authority is responsible for this, and now also for the training of blind persons over school age. For an independent person wishing to learn Braille the best way to obtain the necessary information and equipment would be to apply to the National Institute for the Blind, Great Portland Street, London, W.1. The Institute will supply instruction books, writing boards, and so forth. It has local branches through which the learner can arrange for "home teaching" by approved teachers. The Institute issues Braille-printed newspapers and literature suitable for the general reader and the serious student.

#### THE CHEWING OF GUM.

DR. W. W. HARDWICKE (London) writes: In reply to Dr. W. J. Burns Selkirk (JOURNAL, April 9th, p. 708), there can be no analogy between the normal and the abnormal. The desire to suck in the infant and the chewing of gum in the adult are normal acts. The chewing of gum (wax) in the human youth or adult is not normal, but an acquired and disgusting habit, similar to the desire in the greedy to be continually gratifying the palate by eating or drinking. All bad habits have a soothing effect, or they would never have existed, but this fact does not justify their existence, or do away with the bad effects of them—in this instance the premature wearing out of the overworked salivary glands. The overstrain of these glands must tend to shorten their lives of usefulness, resulting ultimately in digestive trouble, and the hypertrophy of the masseter muscles, in an ugly deformity of the cheeks.