

At this stage an x-ray photograph of his chest was taken, and Dr. F. C. Jagger made the following report: "There is a rather dense shadow under the right sterno-clavicular joint, which has the appearance of a new growth."

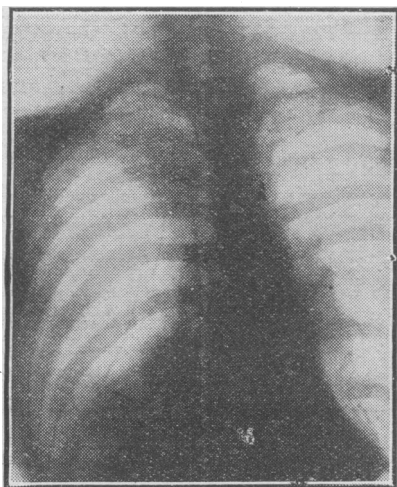


FIG. 1.—Showing the tumour at the right apex.

The Wassermann reaction was negative. It seemed probable, therefore, that the tumour was of the nature of a lympho-sarcoma.

A course of x-ray treatment was instituted. Twelve B-pastille doses were given in all, six to the front of the chest and six to the back, in the neighbourhood of the tumour. Under this treatment the tumour soon began to show signs of shrinkage, and the oedema of the right arm gradually disappeared.

The patient is now feeling perfectly fit. His mitral condition appears to be well compensated, and there are no physical signs of a tumour in the chest. Further, the

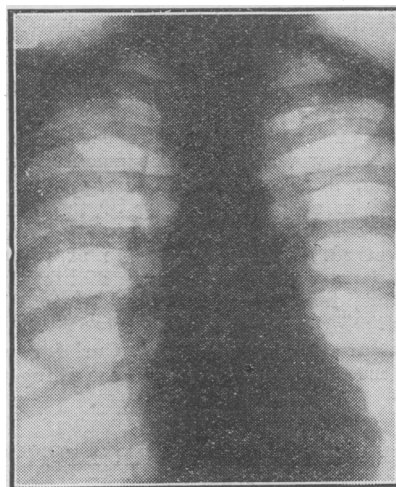


FIG. 2.—Showing the complete disappearance of the tumour after treatment.

x-ray photograph shows that the tumour has completely disappeared, although a secondary deposit of lympho-sarcoma may occur later on.

I am indebted to Dr. G. A. Tullis for permission to publish this case, and my thanks are due also to Dr. Jagger for kindly reproducing the x-ray photographs.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ACUTE LOBAR PNEUMONIA: DEATH IN NINE AND A HALF HOURS.

THE following case is worthy of record, in that the whole course of the illness, from the initial rigor until death, lasted only nine and a half hours.

Mrs. T., aged 90, was taken ill and had a severe rigor about 2 p.m. one day during snowy weather. She had been up and about as usual during the morning. She was put to bed and given hot drinks, and some few hours later her relatives found difficulty in wakening her. When I saw her at 5.15 p.m. she was very drowsy and only muttered when spoken to. The pupils were equal and reacted to light. There was no sign of paralysis in any limbs. When she coughed she brought up the typical blood-stained, "rusty" sputum of pneumonia. The base of the left lung was dull on percussion and the breathing was definitely tubular in character. Few adventitious sounds were present. The temperature was 105° F. and the pulse was 120.

I saw her again at 9.30 p.m. when she was quite unconscious, and I verified the diagnosis of lobar pneumonia by further examination. There were no signs of any cerebral lesion. The temperature had fallen to 103° F., but the pulse rate had increased to above 130 with some irregularity. The patient died at 11.30 p.m.

She had been a very healthy old woman considering her great age, but during the last few years had had several fairly severe attacks of acute bronchitis from which she recovered well. During the last twelve months she required no medical attention.

It is of interest to note that the onset was not of the insidious type usually associated with the aged; the rapid course of the illness indicated that the resistance to the infection was practically nil.

Manchester.

RICHARD I. POSTON, M.D.

INTESTINAL OBSTRUCTION DUE TO TORSION OF THE MESENTERY.

THE following details of a case of intestinal obstruction caused by mesenteric twisting seem to be worthy of record, since such torsion must be a very rare cause of obstruction.

A male Hindu, aged 28, was admitted to the Monghyr Sadr Hospital for acute intestinal obstruction, which had lasted five days; his condition was almost hopeless. The tongue was dry and brown, the breath very foul, the eyes were sunken, the abdomen was distended and tympanitic, and the pulse was feeble.

(Lejars aptly described this condition as stercoraemia.) He had faecal vomiting, and gave a history of absolute constipation for five days, not even flatus having passed. Enemas had been given without result. It was decided to operate at once; a rectal injection of ten ounces of glucose solution was given and was retained.

After a preliminary morphine and atropine injection and lavage of the stomach the abdomen was opened under general anaesthesia. The first glimpse of the coils of the small intestine which came into view was very striking; they were deep purple in colour and were beginning to lose their glistening appearance. Some coils escaped from the wound, a few more were pulled out and covered with hot towels. The peritoneal fluid was foul-smelling. The pelvic colon and caecum were not distended, and, from the pre-gangrenous state of the whole of the small intestine, I suspected some mesenteric abnormality. After enlarging the wound and pulling out some more coils of small intestine the mesentery came into view and was clearly seen to be twisted on itself from right to left. More of the small intestine was eviscerated, and I was able to untwist the mesentery just over one turn. There was still another complete twist, but further progress was checked by a loop of the ileum being firmly held down to the posterior abdominal wall above the level of the caecum. Owing to its depth and the bad light, I could not see what was binding down the ileum, but it felt like a twisted cord, as thick as a thumb. While investigating this area gently the gangrenous gut at the seat of constriction perforated, and foul faecal fluid began to pour out of the gut into the right flank. A piece of gauze was pressed down upon it, and a pair of intestinal clamps was immediately applied; the faecal matter was then removed. Excision of any or of the whole length of the gut was out of the question owing to the bad light, the state of the gut, and the condition of the patient. A stab wound was made through the right flank, another pair of clamps was passed through this and placed alongside the first one, which was then removed. This clamp served also to keep open a passage for drainage. Through a small opening in a loop of jejunum a medium diameter rubber drainage tube was passed and fixed by two purse-string sutures. The loop was fixed to the upper part of the wound, the rest of which was closed quickly. Gentle lavage of the jejunum was tried after the patient had been returned to bed, but with only temporary success, the patient dying later. This procedure could hardly have been expected to succeed, but if the patient's condition had improved after drainage another attempt might have been undertaken next day to resect the ileum.

I have found no mention of this condition in any of the standard books on surgery by British authors; thrombosis and embolism of the mesenteric vessels and tumours at the root of the mesentery are described, but not torsion. So far I have only been able to find a description of a similar case by Pierre Delbet, who describes the condition as "Occlusion intestinale par torsion de la totalité de l'intestin grêle et de son mésentère" in the *Bulletin et Mémoires de la Société de Chirurgie*. 1920.

Delbet was more fortunate with his case, for he was able to free the lower loop of the ileum from the posterior abdominal wall by eviscerating and untwisting the whole of the small intestine. My further progress in that direction was checked by this anchorage, so that neither complete evisceration nor complete untwisting could be performed. As no *post-mortem* examination was allowed the cause of this anchorage still remains a mystery. Delbet's description of a peritoneal fold and another loop holding the ileum down is rather unintelligible, and I should be glad to be enlightened by anyone who has had experience of such a case. The direction of this twist, both in Delbet's case and in mine, seems to have been from right to left, so that the gut had to be untwisted from left to right.

Chapra, India.

A. N. PALIT, F.R.C.S., Major I.M.S.

DISSECTION OF TONSILS.

THE great majority of tonsils can be completely removed by the inverted guillotine method. There is, however, a comparatively small proportion which cannot be satisfactorily removed by this method and must be dissected out by knife, scissors, etc. This can often be done under local anaesthesia, but there are cases which, for one reason or another, require a general anaesthetic. In these cases considerable difficulty often arises from interference with respiration, haemorrhage, etc., and it is for such cases that the method here described offers a comparatively simple and safe means of treatment.

The patient is anaesthetized in the usual way and an intratracheal flexible metal catheter is introduced through the larynx and chloroform anaesthesia maintained automatically by the patient himself. (A No. 16 catheter is used for adults and a No. 12 for children.) A Doyen's gag is introduced and the lower pharynx packed with gauze. A broad tongue depressor is passed back to the pharyngeal wall and depresses and keeps in position both the tongue and the gauze packing. This gives an excellent view and approach to the tonsil fossae.

It is now a simple matter to dissect the tonsils out of their beds and efficiently control and arrest haemorrhage. The use of a suction apparatus, for the removal of blood from the throat, facilitates the operation. There is no anxiety about respiration. The free airway through the intratracheal tube lessens congestion, and bleeding points can be secured and tied off at leisure.

I believe this to be a "new" technique, for, although I have used intratracheal chloroform for many years for nasal and throat operations, I have only recently tried it in cases of tonsillectomy, and I do not remember having seen it described elsewhere.

W. S. KERR, F.R.C.S.ED.,
Honorary Aural Surgeon, the Royal Infirmary,
Sheffield.

BLOOD TRANSFUSION IN HAEMORRHAGIC DISEASE OF THE NEWBORN.

THE following case affords another illustration of the value of immediate injection of whole blood in arresting melaena neonatorum.

A female infant born on April 5th, 1927, at 4 p.m., after an easy and normal delivery without intervention, was cyanosed, but after clearing the throat of mucus it cried lustily and breathing and colour were soon quite normal. It weighed 6 lb. 2 oz.

At 8 o'clock the following morning (6th) it vomited some clotted blood and passed a small black stool; otherwise it appeared quite normal. I saw the child at 10 a.m., and except for the above symptoms there were no other signs of internal bleeding. I ordered 1 minim of adrenaline in a teaspoonful of water to be given hourly for three doses.

At 1.30 p.m. the nurse telephoned me to say that the child was looking very ill and had passed a copious haemorrhagic stool and also vomited a large quantity of blood. I saw the child at 1.45 p.m., when it seemed entirely collapsed and in *extremis*; while I was looking at it it passed a further haemorrhagic stool, almost bright red in colour, and the condition seemed hopeless. I immediately withdrew 25 c.cm. of blood from the mother's vein at the bend of the elbow and injected this into the gluteal muscle of the child, which was put back in its cot and surrounded by hot-water bottles. The effect was immediate and striking. No further vomiting occurred, and except for the passage of a little clotted blood in a stool, passed six hours after the transfusion, no further bleeding took place. The child was twenty-two hours old when the injection was given. Further progress was uneventful; it gained 1 ounce the first week and 8 ounces the second week, and became quite normal.

London, W.2.

M. GOLDING, L.R.C.S.I., D.P.H.

Reports of Societies.

ROYAL SOCIETY OF MEDICINE.

SUMMER MEETING OF SECTIONS OF LARYNGOLOGY AND OTOTOLOGY.

THE summer meeting of the Sections of Laryngology and Otology of the Royal Society of Medicine was held on June 9th to 11th. The laryngological sessions were presided over by Dr. ANDREW WYLIE, and the otological by Dr. DAN MCKENZIE.

Relation of Nasal Polypi to Inflammation of the Accessory Sinuses.

Mr. T. B. LAYTON brought forward this subject for discussion, premising that he had been keenly disappointed with the traditional treatment of simply pulling out the polypi. He had never found this primitive method curative, unless in the case of a single polypus rising beneath the middle turbinal. There was a difference of opinion as to whether polypi ever existed unless there was some underlying disease in the sinuses. When polypi were present without underlying disease of accessory sinuses they were in the large airways, and appeared to him to be a hypertrophy to compensate for the extra calibre of such airways; this type of polypus was best left alone. In most cases the disease underlying the polypi was an inflammation of accessory sinuses. Pus was found among polypi in three circumstances: (1) muco-pus mixed with polypi, the muco-pus being secreted in the nose, thorough cleansing of which would prevent return; (2) pus in small quantity in a sinus, the site of a chronic catarrhal suppuration, the pus in most cases leaking down into the sinus from the nose, so that it was not a true suppurative sinusitis; (3) cases in which a chronic suppuration might be added to a catarrhal inflammation. Nasal polypi might be associated with catarrhal inflammation in the ethmoid and the maxillary sinus. It was not his opinion that acute catarrhal sinusitis ever became acute suppurative sinusitis; the latter was not accompanied by swelling of the mucous membrane, but was associated with extensive hyperaemia. When a sinus was the seat of acute suppuration it was not his practice to open it. Assuming these statements to be correct, what were the best lines of treatment? All the mucous membrane involved in the catarrh must be cleared away. Commonly the ethmoid was involved, and his practice now was to attempt by external incision to remove the whole ethmoid. This avoided the dangerous olfactory nerve area and the cribriform plate.

In the course of discussion Dr. W. S. SYME agreed that the present treatment of nasal polypi was unsatisfactory; he thought that in every case of multiple polypi in the nose there was antral as well as ethmoid disease. His routine, therefore, had been to open the ethmoid. He did not agree with Mr. Layton's sharp line of demarcation between catarrhal and suppurative disease, though in one case the catarrhal element, and another the suppurative might be predominant. Mr. SCOTT RIDOUT also dissented from the view that the catarrhal and the suppurative conditions were separate entities. He believed that the external operation was not done often enough for the disease under discussion. Mr. J. S. FRASER did not feel justified in opening the antral mucosa in this disease, as in several cases he had found it healthy. He did not differentiate rigidly between chronic catarrh and chronic suppuration. A good indication as to whether, in a given case, the antrum should be operated upon was obtained by proof-puncturing the antrum and washing it out. If after clearing the nose the fluid returned freely and readily one might conclude that the antrum was not full of polypi. If force were needed to send fluid through the syringe it was a good indication for doing the radical operation. Mr. F. B. GILHESPY favoured a somewhat long incision through which the external operation, if necessary, should be done. Dr. SUGARA (Buenos Aires) classified polypi into those originating in the sinuses—chiefly maxillary—those which were simple, and those associated with osteitis of the ethmoid. Recurring polypi demanded radical operation.

kindly, and capable, beloved by all his patients. By his death Westmorland loses one of its most valued and respected men.

Dr. JAMES MITCHELL WILSON, who died at his residence in Beverley, Yorkshire, on May 29th, was born in 1844 at Perth, and received his medical education at Glasgow University, where he was one of Lister's dressers; he graduated M.B., C.M. in 1867, and proceeded M.D. in 1883. After holding the post of house-surgeon in the Huntingdon County Hospital, and practising for a time at Chatteris in Cambridgeshire, he decided to devote himself to public health work, and took the D.P.H. Cambridge in 1877. He held appointments successively at Rochdale and Doncaster, and came to the East Riding as county medical officer in 1901. He retired in 1918 and was appointed consulting medical officer of health. He was the author of various books and articles on public health, and contributed a paper on river pollution at the annual meeting of the British Association for the Advancement of Science at Leeds in 1890. Dr. Wilson was a member of the Council of the East York and North Lincoln Branch of the British Medical Association from 1905 to 1909, and a former president of the Branch.

Dr. DONALD SMALLPEICE died in a nursing home on June 2nd at the age of 74. He was a student of Guy's Hospital, and took the diploma of M.R.C.S. in 1883 and that of L.R.C.P. in 1886. He was formerly in practice for some years at Queen Anne's Gate, but owing to a breakdown in health some twenty years ago he left London, and practised for a short time in Rome; he then settled in Felsted, Essex, where he remained until the autumn of last year. During the brief period of his retirement he lived near his earliest home at Guildford. In his youth Dr. Smallpeice had travelled much; he had also read widely, and possessed many interests; so that he was a most entertaining companion with a charming personality. He retained an active interest in medicine to the end of his work as a practitioner, and was greatly beloved by his patients. He leaves a widow, one son, and two daughters.

The following well known foreign medical men have recently died: Professor BARTH, formerly director of the surgical department of the municipal hospital at Danzig; Dr. WILHELM FILEHNE, formerly professor of pharmacology at Breslau, aged 83; Dr. FRANZISKA TIBURTIUS of Berlin, the first German woman doctor, and founder of a clinic for women doctors and a polyclinic for indigent women; Dr. A. CAHEN of Hamburg, formerly professor at Strasbourg; and Dr. C. IPSEN, professor of medical jurisprudence at Innsbruck.

Universities and Colleges.

UNIVERSITY OF OXFORD.

In congregation on June 7th the Vice-Chancellor (Dr. F. W. Pember, Warden of All Souls) moved the promulgation of a decree expressing the thanks of the University to Sir William Dunn's Trustees for a gift of £2,000 to endow a departmental library in the newly opened Sir William Dunn School of Pathology. The decree was passed by acclamation. An account of the buildings and of the opening ceremony appeared in the *BRITISH MEDICAL JOURNAL* of March 19th, p. 525.

At a congregation held on June 11th the following medical degrees were conferred:

B.M.—C. P. Blacker, J. C. K. Chilcott.

UNIVERSITY OF CAMBRIDGE.

SIR HUMPHRY ROLLESTON, Bt., Regius Professor of Physic, has been appointed to represent the University at the third Imperial Social Hygiene Congress at Westminster from October 3rd to 7th.

Professor A. V. Hill, Sc.D., F.R.S., Foulerton Research Fellow of the Royal Society, has been elected to an honorary Fellowship at King's College, of which he was a Fellow from 1916 to 1925.

At a congregation held on June 10th the following medical degrees were conferred:

M.B., B.Chir.—C. H. Hilliard.
B.Chir.—J. W. E. Cory.

UNIVERSITY OF BRISTOL.

THE following candidates have been approved at the examinations indicated:

FINAL M.B., CH.B. PART I (including *Forensic Medicine and Toxicology*): Phoebe C. Vine; G. D. J. Ball, O. J. P. Bollon, T. L. Cleave, R. D. Jenkins, Helen B. Murgoci, Ethel M. Redman.
PART II (Completing Examination): J. C. Batt, H. E. C. Bentley, E. C. Bernard, E. May, E. S. Rogers, J. R. E. Sansom, M. Srisvasti.
Group I (Completing Examination): G. L. Feneley. Group II (Completing Examination): Helen M. Aldwinckle.

UNIVERSITY OF SHEFFIELD.

THE following appointments were made on June 10th: *Lecturer in Diseases of the Nose and Throat*, W. S. Kerr, M.B., F.R.C.S.; *Research Assistants on Cancer*, A. F. Watson, M.Sc., Ph.D., and Mrs. S. T. Harrison, M.A., Ph.D.

UNIVERSITY OF GLASGOW.

MACEWEN MEMORIAL LECTURE.

It will be remembered that after the death of Sir William Macewen, Professor of Surgery in the University of Glasgow from 1892 to 1924, a committee was formed to promote a fund for the purpose of commemorating his life and work. The first purpose of the fund was to procure a bust for presentation to the University and a replica to Lady Macewen. The second purpose was the establishment of a Macewen Memorial Lecture, and the third the foundation of a Macewen Medal in the Class of Surgery.

The busts have been presented to the University and to Lady Macewen and the medal has been founded and the first award made. The first Memorial Lecture is to be delivered by Professor Harvey Cushing, C.B., M.D., LL.D., Harvard University, U.S.A., in the Zoological Lecture Theatre of the University on Tuesday next, June 21st, at 3 p.m. The lecture is open to past and present students of medicine and to others interested. Subscribers to the Foundation Fund are specially invited.

UNIVERSITY OF DUBLIN.

TRINITY COLLEGE.

Bicentenary Memorial Fund, School of Physic.

THE fund subscribed by the medical graduates of Dublin University to commemorate the bicentenary of the foundation of the School of Physic has now been handed to the Board of Trinity College, for the purpose of establishing a Bicentenary Memorial Prize to be awarded each year to the winner of the Medical or Surgical Travelling Prize. In accepting the fund the Board expresses thanks to the subscribers for "a very generous benefaction to the College." The amount of the fund is about £730.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council meeting was held on June 9th, when the President, Sir Berkeley Moyuahan, Bt., was in the chair.

Fellowship.

It was reported that 108 candidates had presented themselves for the Fellowship examination, of whom 25 were successful, including H. I. Deitch, who had not yet attained the requisite age. The diploma of Fellowship was conferred upon the following candidates:

H. B. Bullen, E. Wolff, W. A. Richards, E. L. Robert, C. M. Gwill'm, R. V. Hudson, J. D. R. Murray, J. Roberts, A. L. Walker, W. A. Mill, W. H. Gervis, G. H. Pitt, F. W. Roques, M. A. Paul, W. H. A. Dodd, E. W. Riches, H. G. Armstrong, Alfreda H. Baker, W. K. Connell, R. L. Dodds, I. J. Fraser, W. J. Henry, D. McKelvey, S. V. Unsworth.

Membership.

The diploma of M.R.C.S. was conferred upon the following candidates who have passed the requisite examinations and complied with the by-laws:

V. F. Anderson, F. A. J. Bouloux, Ethel E. M. Ogilvie, Dulcie J. Peake, Winifred M. Turner, Joan B. Walker.

Appointment of Representatives.

Sir John Bland-Sutton was appointed to represent the College at the commemoration in October next of the centenary of the granting of the Charter of King's College, Toronto, now the University of Toronto.

Sir Berkeley Moyuahan was re-elected to represent the College on the Court of Governors of the University of Sheffield for three years.

Votes of Thanks.

The thanks of the Council were expressed to Sir John Bland-Sutton, on his retirement from the Council, for his services during his term of office on the Council, extending over seventeen years, including three years as President.

A vote of thanks was given to Miss Hunter of Blackheath for presenting to the College a combined bookcase and writing table, formerly the property of John Hunter.

Examiners.

The following examiners were appointed for the ensuing year:

Dental Surgery (Surgical Section): L. B. Rawling, H. S. Clogg, T. P. Legg, G. S. Simpson, R. J. Howard, G. E. O. Williams, C. H. S. Frankau, and J. Murray. *Anatomy for the Fellowship*: W. Wright, F. G. Parsons, W. E. Le Gros Clark, and C. P. Wakely (re-elected). *Physiology for the Fellowship*: J. B. Leathes and H. E. Roaf (re-elected), C. A. Lovatt Evans and R. J. S. Macdowall.

Under the Conjoint Examining Board for the ensuing year:

Elementary Biology: T. W. Shore and J. P. Hill. *Anatomy:* H. A. Harris, O. S. Hillman, and J. B. Hume (re-elected). *Physiology:* G. A. Buckmaster (re-elected) and D. H. de Souza. *Midwifery:* D. W. Roy, H. B. Whitehouse, and C. White (re-elected). T. B. Davies. *Diploma in Public Health:* Part I, R. T. Hewlett (re-elected); Part II, C. W. Hutt. *Diploma in Tropical Medicine and Hygiene:* Pathology and Tropical Hygiene, W. P. MacArthur (re-elected); Tropical Medicine and Surgery, P. H. Manson-Bahr (re-elected). *Diploma in Ophthalmic Medicine and Surgery:* Part I, C. B. Goulden and H. W. Lyle (re-elected); Part II, R. A. Greeves. *Diploma in Psychological Medicine:* F. L. Golla (re-elected). *Laryngology and Otolaryngology:* Part I, A. H. Cheate (re-elected) and W. M. Mollison; Part II, S. R. Scott (re-elected).

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At the monthly business meeting of the Fellows, held on June 10th, the President duly admitted as members of the College the following successful candidates: Samuel Barron, L.R.C.P. and S.I., Timothy Maurice Healy, M.B., N.U.I. Mr. Healy is a son of H.E. the Governor-General of the Irish Free State, and served for some years as Assistant Master of the Combe Lying-in Hospital, Dublin.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

The following officers have been re-elected for the ensuing year: *President:* Andrew Fullerton, F.R.C.S.I.; *Vice-President:* Thomas E. Gordon, F.R.C.S.I.; *Secretary:* Sir F. Conway Dwyer, F.R.C.S.I.

ROCKEFELLER MEDICAL FELLOWSHIPS.

THE Medical Research Council announces that on behalf of the Rockefeller Foundation it has made the following awards of Medical Fellowships provided by the Foundation and tenable in the United States of America during the academic year 1927-28. These Fellowships are awarded to graduates who have had some training in research work either in the primary sciences of medicine or in clinical medicine or surgery, and who are likely to profit by a period of work at a university or other chosen centre in America before taking up positions for higher teaching or research in the British Isles:

ROBERT WILLIAM FITZGERALD COLLIS, M.B.Cantab., M.R.C.P.; Resident Medical Officer, King's College Hospital, London.

DAVID KRESTIN, M.D.Lond., M.R.C.P.; Medical Registrar, London Hospital.

GEOFFREY LEWIS PESKETT, M.A.Oxon.; Demonstrator in Biochemistry, University of Oxford.

MISS ISABELLA McDOUGALL ROBERTSON, M.D.Lond.; Research Worker in the Pathology Laboratory, Maudsley Hospital, London.

THOMAS TENNENT, M.B.Glas.; Assistant Medical Officer, Maudsley Hospital, London.

EDGAR WILLIAM TODD, M.D.Cantab.; Research Worker in the Inoculation Department, St. Mary's Hospital, London.

Dr. Tennent has been appointed on modified conditions while holding a scholarship from another source.

Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

THE House of Commons, which reassembled on June 13th, has completed the Committee stage of the Trade Disputes and Trade Unions Bill. Other business for the week included the second reading of the Local Authorities (Audit) Bill, which proposes that members of local authorities against whom surcharges of more than £500 are made shall be disqualified for five years.

The Government Whips have decided to oppose the passage of the Dogs' (Protection) Bill in the House of Commons. Several medical members have given notices of opposition to it.

Removal of Prisoners for Treatment.

Mental Deficiency.—In the ten years from 1916-17 to 1925-26, prisoners in England and Wales were removed to mental institutions as follows. Under Section 9 of the Mental Deficiency Act, 1913: In 1916-17, 29; 1917-18, 38; 1918-19, 63; 1919-20, 102; 1920-21, 91; 1921-22, 57; 1922-23, 66; 1923-24, 57; 1924-25, 24; and 1925-26, 43. Under Section 2 of the Criminal Lunatics Act, 1884, the transferees were as follows: 1916-17, 125; 1917-18, 101; 1918-19, 97; 1919-20, 89; 1920-21, 112; 1921-22, 102; 1922-23, 134; 1923-24, 104; 1924-25, 114; and 1925-26, 106. Persons dealt with under Section 8 of the Mental Deficiency Act, 1913, criminal lunatics ordered by a court to be detained during His Majesty's pleasure, and persons received into mental institutions on discharge from prison on expiry of sentence are not included in these statistics.

Surgical or Medical Treatment.—The number of prisoners removed, under Section 17 (6) of the Criminal Justice Administration Act, 1914, for surgical or medical treatment which could not be given in prison in each of the ten years from 1916-17 to 1925-26, were 20, 26, 22, 72, 54, 86, 66, 57, 82, and 95.

Grants to Voluntary Hospitals.—On June 13th Sir Kingsley Wood, replying to Mr. Lunn, said that, excluding contributions towards specific grant-aided services, the total Exchequer grants in aid of the general expenses of voluntary hospitals since 1918 had amounted to £500,000, voted by Parliament on the recommendation of Lord Cave's Committee. The Voluntary Hospitals Commission was still in existence, but it had no funds at its disposal.

Medical News.

DR. FRANK WACHER, who for fifty years has been medical officer of health for Canterbury, was on May 31st made an honorary freeman of that city. He was chairman of the Canterbury Division of the British Medical Association in 1912, and has served as vice-president of the South-Eastern Branch.

The annual dinner of the Harveian Society of London was held at the Connaught Rooms on Thursday, June 9th, when the president, Dr. E. Le Fèvre Payne, was in the chair. The Lord Mayor of London was among the guests, and on leaving to keep another engagement made a graceful speech deputed Sir Berkeley Moynihan to reply for him on behalf of the visitors. The toast "The Harveian Society" was proposed by Sir John Rose Bradford. The president, in replying, pointed out that this year the connexion of the Society with Harvey was closer than usual, inasmuch as he believed that he was the first president who had been educated at Harvey's old school, King's School, Canterbury. The health of the many distinguished guests, proposed by Dr. Graham Little, M.P., was acknowledged by Mr. A. Latter, head master of King's School, Canterbury, Sir Berkeley Moynihan, and Mr. F. Freke Palmer. About 110 members and guests were present at the dinner.

A COURSE in advanced bacteriology will commence at the London School of Hygiene and Tropical Medicine on October 4th. It will be under the direction of Professor Topley and is intended for a limited number of post-graduate students who desire to fit themselves for bacteriological appointments at home or abroad. The fee for the course, which will be continued throughout the academic year, is 42 guineas. Further particulars can be obtained on application to the Secretary of the School, Malet Street, London, W.C.1.

THE Fellowship of Medicine and Post-Graduate Medical Association announces that Dr. A. J. Whiting will give a medical clinical demonstration at the Prince of Wales's Hospital on June 20th at 2.30 p.m.; Mr. C. A. Joll, a demonstration on surgical treatment of goitre, at the Royal Free Hospital on June 22nd at 4; Mr. Griffith, a clinical ophthalmic demonstration at the Royal Eye Hospital on June 24th at 3. All these demonstrations are free to members of the medical profession. On June 27th a special fortnight's course in chest diseases will begin at the City of London Hospital for Diseases of the Heart and Lungs (fee £2 2s.). In July five special courses will be given in various subjects. The first will be an all-day two-weeks' course in cardiology, from July 4th to 16th, at the National Hospital for Diseases of the Heart; numbers strictly limited to twenty. On July 11th the Prince of Wales's Hospital Group will start a fortnight's course in general medicine, surgery, and the specialties. On the same date there will begin a week's course at the St. Mark's Hospital for Diseases of the Rectum. The other two courses taking place in July are part-time courses only; one in neurology at the West End Hospital for Nervous Diseases, starting on the 4th and lasting for a month; the other in infectious fevers at the Park Hospital, on Wednesdays and Saturdays, from July 13th to 30th. Copies of all syllabuses are obtainable from the Fellowship of Medicine at 1, Wimpole Street. A general course of work is also provided at the associated hospitals; for this a comprehensive ticket and a separate programme are issued.

THE centenary of the birth of Lord Lister and his connexion with King's College will be celebrated by the King's College Medical Society on Thursday next, June 23rd. A wreath will be placed on the memorial tablet outside the chapel by the president of the Medical Society at 4.50 p.m., and at 5 p.m. Sir Arthur Keith will take the chair for a lecture by Sir StClair Thomson, Emeritus Professor of Laryngology in the college, who will speak of Lister's personality and his achievements. Medical students and others interested in medicine are invited to be present.

A NATIONAL Conference on Maternity and Infant Welfare, under the auspices of the Central Council for Infant and Child Welfare, will be held in the Great Hall of the British Medical Association House, Tavistock Square, W.C.1, under the presidency of the Minister of Health, from July 5th to 8th inclusive. At the opening session Mr. Neville Chamberlain will deliver an address, which will be followed by a discussion on wet nursing. Other subjects selected for debate include the problem of the expectant unmarried mother; the practical teaching of mothercraft; the provision of efficient sick nursing in the homes of children under school age; day nursery problems; the incidence of venereal diseases in ante-natal and post-natal clinics; the results of artificial light treatment for children under school age; and respiratory disease in relation to infantile mortality. A lecture on the pasteurization of milk in relation to surgical tuberculosis, by

Dr. A. Stanley Griffiths, will be delivered on July 5th at 7.30 p.m. A dinner for members of the medical profession attending the conference has been arranged at the Florence Restaurant on July 5th, after which an informal discussion on immunization against diphtheria will be opened by Dr. W. Ashley Lethem and Dr. J. Graham Forbes. Friday, July 8th, will be devoted to visits to centres and institutions in and around London.

THE annual general meeting of the Research Defence Society will be held at the house of the Medical Society of London, 11, Chandos Street, W.1, on Tuesday, June 21st; Lord Lamington will take the chair at 3 p.m. The first Stephen Paget Memorial Lecture will be delivered by Professor Julian S. Huxley, M.A., who has chosen as his subject "Research and the community."

THE annual summer dinner of the Glasgow University Club, London, will be held at the Trocadero Restaurant, Piccadilly, W.1, on Friday, July 1st, at 7.15 for 7.30 p.m. precisely. Dr. C. O. Hawthorne will preside. Any Glasgow University men who, though not members of the club, desire to be present are requested to communicate with the honorary secretaries, 62, Harley House, N.W.1.

A MEETING of the Society for the Study of Inebriety will be held in the rooms of the Medical Society of London, 11, Chandos Street, Cavendish Square, on July 12th, at 4 p.m., when Sir Arthur Newsholme will deliver a presidential address on the aims and work of the society, and Dr. Godfrey Carter, lecturer on forensic medicine in Sheffield University, will open a discussion on the detection of drunkenness, with especial reference to the concentration of alcohol in the blood and urine.

THE annual meeting of the Incorporated Lancashire and Cheshire Society for the Permanent Care of the Feeble-Minded will be held in the Recreation Room of the Sandlebridge Institution, Alderley Edge, on Tuesday, June 21st, at 3.30 p.m. Sir Frederick J. Willis, chairman of the Board of Control, will preside and open the Noah's Ark Home. The school and the homes will be open for inspection from 3 p.m. and tea will be served at Warford Hall at 4.30 p.m.

COMMEMORATION day at Livingstone College was celebrated on June 10th, when the President of the Royal College of Physicians, Sir John Rose Bradford, was in the chair. He commended the work of the college, and expressed the opinion that in this case "a little knowledge" was not "a dangerous thing," but capable of being of great service to humanity, especially to missionaries scattered all over the world, where it was impossible for the inhabitants to receive adequate medical treatment. He had been much impressed by reports he had read from students in all parts of the world, who were doing valuable work for the prevention as well as the treatment of disease. The Rev. C. Redman, a missionary of the Society for the Propagation of the Gospel, and an old student of the college, said that he had found what he had learnt there of great use when working in a district in Madagascar, where often the services of a doctor could not be obtained. Later on, when put in charge of a theological college, he had made the teaching of the prevention and treatment of disease part of the curriculum, so that students went out into the villages possessing knowledge very useful in dealing with the great ignorance of the people. Other speeches were made, including one by the Dowager Lady Buxton, who, during a recent visit to Abyssinia, had admired the work of an old student of the college.

THE Association of Physicians held its annual meeting in Belfast on June 3rd and 4th. Professor J. A. Lindsay was president, and Professor W. W. D. Thomson acted as local honorary secretary; with the aid of the physicians attached to the hospitals the local members formed themselves into a committee to provide clinical demonstrations suitable for the occasion, and to give a hearty welcome to the visitors. According to the usual routine sittings were held morning and afternoon for discussion, the morning in the University, and the afternoon in the King Edward Memorial Hall of the Royal Victoria Hospital, where on both days, in the interval, a large amount of clinical material had been collected in the out-patient department, and demonstrations were given of neurological and pathological interest. In addition a collection of items of local interest, old local books, and portraits had been formed. An excellent pamphlet of all these demonstrations, due to the labours of one or two members of the local committee, much facilitated their study.

THE second international post-graduate course in diseases of the heart and gynaecology, which was held at Franzensbad from May 22nd to 26th, was attended by six hundred medical practitioners from Czecho-Slovakia, Germany, Austria, Hungary, Poland, Rumania, Jugo-Slavia, Russia, Denmark, and Holland. The communications included addresses on cholelithiasis and pregnancy by Professor Frigyesi of Budapest, and on the various forms of circulatory obstruction by Professor Wenkebach, Vienna.

LORD EUSTACE PERCY, M.P., President of the Board of Education, will distribute the prizes at the London Hospital Medical College and Dental School on Wednesday, June 29th, at 3 p.m., in the College Library. Academic dress will be worn.

THE new ward and enlarged accommodation for out-patients at the Southend Victoria Hospital was opened on May 25th. The number of beds at this hospital, which is now eighty-six, has been doubled during the past five years, and £20,000 has been spent on extension and equipment.

A STAINED glass window has been erected in St. Michael's Parish Church, Highgate, in memory of the late Dr. Frederick William Crowdy, who for thirty-two years was a warden of the church. The dedication service was conducted by the Bishop of Willesden.

THE late Mr. F. A. Southam, emeritus professor of surgery in the University of Manchester, who died on March 9th, has left estate of the gross value of £44,900.

THE seventh congress entitled *Les Journées Médicales de Bruxelles* will be held from June 25th to 29th at Brussels. Excursions to Tournai and other interesting places will be arranged in connexion with it, and there will be an international exhibition of art and science applied to medicine and surgery. Further information may be obtained from the secretary, Dr. R. Beckers, 62, rue Froissart, Brussels.

THE thirty-first congress of French neurologists will be held at Blois from July 25th to 30th. Detailed information may be obtained from the secretary, Dr. M. Olivier, Blois.

ACCORDING to the *Journal of the American Medical Association* the total deaths from diphtheria in the seventy-eight cities of the United States with more than 100,000 inhabitants were approximately 3,000 in a population of 31,000,000, or more than three times the typhoid mortality in the same cities. The total average typhoid death rate for fifty-nine large cities in the United States last year was 2.77 per 100,000, the lowest ever reported in that country.

DR. PAUL CARNOT, director of *Paris Médical*, has been nominated professor of clinical medicine in the Paris faculty of medicine in succession to the late Professor Gilbert.

PROFESSOR FÜLLEBORN of the Hamburg Institute for Tropical Diseases has been invited by the Argentine Government to visit South America to study hookworm disease.

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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QUERIES AND ANSWERS.

MULTIPLE BIRTHS.

DR. L. WALLACE (127, Gloucester Terrace, Hyde Park, W.2) asks for references to statistics, or opinions, concerning the occurrence of multiple births in the different "social strata" of the community.

POISONING BY EUCALYPTUS OIL.

DR. VERNON NEWTON (Pontcymmer, Glam.) writes: Dr. P. Gibbin, in describing a case of eucalyptus poisoning in the **JOURNAL** of June 4th (p. 1005), states that he has failed "to find