

occurrence of night sweats, to which Donaldson drew special attention as being a common feature, was recorded in 20 per cent. of cases. The length of history in chronic cases varied from two to eight years.

In rare instances cases have been recorded where contact with a leukaemic patient has apparently led to transmission of the condition, and Weiss and others have reported instances where several members of the same family were victims of the disease. Such incidents are, however, so rare that they can hardly be employed as evidence of the infective nature of leukaemia.

Animals grafted with leukaemic exudate from human beings have only in one questionable instance (that of Wiczowsky's experiment) developed leukaemia. Three patients dying from carcinoma were inoculated by Schaffer with leukaemic blood from another patient; none of them developed leukaemia.

It could be argued that if the disease is infective in nature it is hardly conceivable that the latter experiment could have failed. Nevertheless it may reasonably be supposed that a patient suffering from malignant disease is not to the same extent susceptible to the virus. In any case this experiment would have to be repeated by other observers to provide confirmatory evidence.

Ellerman has succeeded several times in inoculating healthy fowls with a filtrate from leukaemic fowls. The filtrate used consisted of an emulsion of organs passed through the Berkefeld filter and, therefore, cell free and microbe free for organisms up to the size of bacteria. The condition could thence be transferred from one bird to another indefinitely. These experiments go to show that at least, so far as the leukaemia of fowls is concerned, it is a definitely infective condition. Whether the disease in human beings is of the same nature is still open to question, but it would be difficult to imagine that leukaemia in human beings with its fundamental resemblances to the disease in fowls could be induced by an entirely different process. The following clinical details are of interest in this connexion.

A man, aged 66, had a two months' history of pain on the right side of the abdomen spreading up towards the thorax. The liver was large with a smooth, round, hard, and sharp edge, and there was a large palpable tumour on the left side with some of the characters of the spleen. This diminished under x-ray treatment. The red cells and colour index were normal. The leucocytes numbered 32,000 per c.mm., and the differential count was polymorphonuclears 64 per cent., lymphocytes 27 per cent., large mononuclears 4.4 per cent., mast cells 0.2 per cent., and myelocytes 4.4 per cent. Megaloblasts and normoblasts were present. There was very grave oral sepsis, indicating total extraction. The temperature ranged from 98° to 100°, but after extraction of the teeth it was above 100° for a few days. The total leucocytes varied from 8,000 to 32,000 during the month he was in hospital. No further symptoms developed, and he was discharged feeling well.

This case was diagnosed as chronic lymphatic leukaemia, though it was recognized as not being a typical case.

Many chronic infections—tuberculosis, for example—show a relative lymphocytosis, though admittedly the total leucocyte count would not be expected to reach 32,000. The lymphocytes varied from 24 to 38 per cent. There was certainly as much a parallel between the course of this case and that of a chronic infection (there was a very definite chronic septic focus), as between the course of this case and that of a case of "useless white cell proliferation," which leukaemia is supposed to be.

We might conclude, then, from the above analysis that leukaemia is a condition which runs a course in many striking respects parallel with that of an acute or chronic infective process, and that while there are clearly some unexplained resemblances to tumour formation (particularly if myelomas and chloromas are included under the heading of leukaemia) we must await further light on the whole problem of the etiology of tumours; this in turn will reveal the relation between the two conditions.

It may yet be proved that Gye's recent dictum is true—that the "agent of malignant disease is a living filterable microbe."

## REFERENCES.

<sup>1</sup> *Leukosis in Fowls*, Ellerman, p. 12. <sup>2</sup> BRITISH MEDICAL JOURNAL, October 2nd, 1926, p. 595. <sup>3</sup> *Ibid.*, November 13th, 1926, p. 870.

## Memoranda:

## MEDICAL, SURGICAL, OBSTETRICAL.

## FOREIGN BODY IN THE BLADDER.

DR. HUNTER WOODS reports an interesting case of foreign body in the bladder (BRITISH MEDICAL JOURNAL, December 17th, 1927, p. 1140). May I mention two cases which came under my care at Guy's Hospital during the summer of 1926. Both were young females aged about 20.

The first case, when examined, showed a metal bar lying transversely in the bladder. The gentle efforts which were made to dislodge it through the urethra failed to move it, so I at once, fearing damage to the large pelvic blood vessels, cut down through the suprapubic route, and opened the bladder. With some difficulty I removed the foreign body, which was embedded in the right wall of the bladder and touched the left wall. The foreign body was a metal thermometer case, minus the lid, about three inches long. The patient afterwards developed left iliac thrombosis, so my fears as regards damage to important blood vessels were justified.

The second patient had caused much trouble at a country hospital, and was considered to have produced an artificial haematuria. She was cystoscoped during my holiday, and it was thought that she had a growth on the left wall of the bladder. When I cystoscoped her I felt certain it was not a growth, as I saw a similar mass at the base. I removed, through the urethra, two fruit stones. I set them in earth, and one produced a seedling tree. Unfortunately it suffered from being covered up and became mouldy, but I think it was some form of plum, cultivated, I suppose, as the stones were about an inch long—that is, much longer than the stone of any sloe, bullace, or wild plum that I have seen.

I think that, in the second case, the stones were introduced deliberately. But in the first case the thermometer case may have been introduced into the urethra during the passage of urine in order to allay spasm and pain.

In this connexion I may mention three other cases.

The first, a young child, had a vesico-vaginal fistula and a phosphatic stone in the bladder, which was found to have formed round a bone collar-stud about seven-eighths of an inch long. The second was that of an old man who had been passing bougies on himself for many years. I removed, suprapubically, three stones, all surrounding broken fragments of stiff bougies, but they were not of metal. The stones were phosphatic.

The third case was that of an elderly man who had been operated upon by the late Mr. Dunn for strangulated hernia. He suffered from retention afterwards and a coude catheter was passed. When this was removed it occurred to the patient that the catheter did not present quite the same appearance that it showed before introduction. When I examined him I found a firm mixed phosphate and urate stone, but in view of the history decided to perform suprapubic lithotomy rather than lithotripsy, for which the conditions otherwise appeared favourable, and a stone 1½ inches long, oval in shape, was removed from the bladder. The stone was sawn in half, and it was found that the upturned end of the coude catheter formed the nucleus of the stone. In my opinion the mere suspicion of a foreign body in a stone precludes lithotripsy in such cases.

A. RALPH THOMPSON, Ch.M., F.R.C.S.,  
Surgeon, Genito-Urinary Department, Guy's Hospital.

## INTESTINAL OBSTRUCTION IN AN INFANT.

A FEMALE infant, aged 3 days, was admitted to Charing Cross Hospital on November 27th, 1926, on account of vomiting. The pregnancy and birth had been normal and the child appeared well made. She took the breast well when put to it for the first time, but vomited soon after. Vomiting continued at frequent intervals (on one occasion continuously for an hour), though the child did not again take the breast. Meconium unusually light in colour was passed.

On admission the child seemed well and cried lustily. Some distended veins were visible in the abdominal wall, otherwise nothing abnormal could be detected. Some bile, but no blood, was seen in the vomit; the stools were small, dry, and putty coloured. An occult blood test was positive. A diagnosis of duodenal atresia was made. Saline and glucose were given subcutaneously, but the child continued to vomit and rapidly went downhill.

Laparotomy was performed by Mr. N. C. Lake on November 28th. A mid-line incision was made. On opening the abdomen a blind-ended distended piece of small intestine presented, and proved to be the upper few inches of the jejunum. Near to this blind end was found the proximal end of the rest of the small intestine, also blind, and of very small foetal type. The colon was undeveloped, the calibre of a lead pencil, whereas the distended small intestine was the size of a normal adult jejunum. This discrepancy in size made it impossible to perform an anastomosis, even had the condition of the child been good enough to justify such a procedure.

A medium-sized rubber catheter was tied into the distended jejunum and the abdominal wound closed. The child died six hours later.

The site of the lesion would seem to preclude a developmental error. The theory suggested by the surgeon in charge of the case is that the condition was caused by pressure atrophy by a band-like adhesion due to intra-uterine peritonitis.

I am indebted to Mr. N. C. Lake for permission to publish this case.

Lee-on-Solent.

E. A. C. WILSON, M.B., B.S.,  
Late House-Surgeon, Charing Cross Hospital.

### A NOVEL HAEMOSTAT.

AN attempt to stop internal haemorrhage by plugging the rectum in the manner described below seems of sufficient interest to be placed on record.

A six-foot labourer of generous proportions was admitted to hospital on November 21st last. He was exceedingly shocked and collapsed and was losing blood from the rectum in an obvious manner.

He stated that for the twenty-four hours before admission he had been bleeding from the bowels, and in order to stop the bleeding he had inserted a porcelain egg-cup into the rectum. This frank statement, told in a rich brogue, seemed rather incredible, but on examination his temperature was 96.8° F., his pulse 130 a minute, and his appearance grave. The sphincter ani was stretched, and the mucosa lacerated and bleeding. The left side of the abdomen was acutely tender, but not rigid.

The man was immediately taken to the theatre and sigmoidoscopy performed, with neither anaesthetic nor positive result, except great quantities of blood clot. He was next screened with an excellent x-ray apparatus, but with no result.

Laparotomy was performed after a rapid preparation, and a full-sized egg-cup found just below the splenic flexure. The bowel was not perforated. A colleague versed in the art of obstetrics passed a blunt instrument up the rectum and the operator guided its point into the bowl of the egg-cup, which was then gently "milked" down, guided into the rectum and delivered by gentle manipulation.

Recovery was straightforward, and the patient was discharged a fortnight after operation.

An interesting fact is that ten months previously the patient sustained a slight accident at work—no broken bones, but a few superficial lacerations necessitating rest in bed for a week. He has not worked since that accident.

A. HOPKINS, M.B., Ch.B.N.Z., F.R.C.S.Ed.  
Huddersfield.

### VESICAL BILHARZIA: DOUBLE INFECTION WITH *S. HAEMATOBIMUM* AND *S. MANSONI*.

THE following three cases of vesical infection with bilharzia, in which lateral spined eggs were found in the urine along with those of *S. haematobium*, appear to be worth recording, owing to the rarity of published cases.

*Case 1.*—A boy, aged about 12 years, first seen on March 6th, 1926, was passing so much blood in his urine that it was a bright pink colour towards the end. Microscopically numerous eggs of *S. haematobium* were found, and there was also seen in the slide examined a single lateral spined egg. Subsequent search in other slides failed to show any more of the latter eggs. When seen again on July 12th, 1926, the urine still contained numerous eggs of *S. haematobium*, and again lateral spined eggs were found, this time with greater ease, about two eggs being seen per slide. The urine was re-examined on July 15th, and lateral spined eggs were still present; on this occasion his faeces were examined twice, but no infection was found. On each occasion he had been given a test tube and told to bring in it the last few cubic centimetres of his urine, so that there would have been little chance of contamination from faeces, even if a faecal infection had been present.

*Case 2.*—Another boy, aged about 12 years, first seen on March 8th, 1926, was at the same school as Case 1; he also showed a lateral spined egg amongst a heavy infection of *S. haematobium*. His urine was re-examined on July 12th, 1926, but although eggs of *S. haematobium* were still present in large numbers, no lateral spined ones were seen, and none again on July 15th, when his faeces were also found to be negative.

The first boy was also examined by Dr. Maclean, sleeping sickness officer, on July 12th; he confirmed the fact that the eggs were really lateral spined, and not foreshortened terminal spined ones.

These two cases were seen at the Government School, Mwamanyiri, Tanganyika Territory, on the southern shore of Lake Victoria. The children were mostly drawn from the surrounding villages, stretching along the lake shore on either side, some of them coming from five miles away; the few children whose parents lived far inland stayed with relatives living on the lake shore. There was a staked-off bathing pool in the lake, where the boys were taken to bathe daily. At the time of inspection in March, out of

sixty boys attending the school thirty-nine had blood in their urine and thirty-two of these had *S. haematobium* eggs present (I have since heard that some more of the boys are now passing blood), and probably they had all been infected by bathing in the lake, either in the school bathing pool or at their homes; for cases of vesical bilharzia infection were seen from villages on the shore from seventeen miles to the east of the school to seven miles to the west. The third case gave the following history:

*Case 3.*—A man, aged about 25 years, used to reside in the town of Mwanza, where he bathed in the lake every day; his health had been good, and he had never before passed blood in his urine. At the beginning of October, 1925, he was sent to Maswa, and at the first three camps on the shore road he just washed down with water from a water-jar; but at the fourth camp, Nassa, seven miles east of the above school at Mwamanyiri, he actually entered the lake and bathed. The next two camps and Maswa itself, where he was stationed, were inland, water being drawn from water-holes, and here there had never been seen any cases of bilharzia infection which could be said to have been contracted locally. On March 20th, 1926, he paraded sick, complaining of passing blood in his urine, the last portion of which was pink in colour, and there were seen numerous eggs of *S. haematobium* and a single lateral spined egg. His faeces were unfortunately not examined.

What made this case particularly striking was that he paraded sick two days after my return from the safari where I had been examining the schoolboys, and that the only history given of washing in doubtful water was his bathing in the lake at a spot near the school. No live snails, for examination for cercariae, were found on the lake shore.

The only other recorded case of a similar condition of which I know is that reported by Macfie,<sup>1</sup> who himself refers to another case reported by Bandi in Egypt in 1912. These cases would, however, suggest that the double vesical infection with *S. haematobium* and *S. mansoni* is commoner than supposed at present.

My thanks are due to the director of medical and sanitary services, Tanganyika Territory, for his permission to publish these cases, and to Dr. Maclean for his advice.

The East African Medical Service,  
Tanganyika Territory.  
H. FAIRBAIRN,  
Medical Officer.

### ACUTE PNEUMONIA TREATED BY SODIUM NUCLEINATE.

ONE of us, having read with much interest a paper by Dr. Gardner-Medwin (BRITISH MEDICAL JOURNAL, July 12th, 1924, p. 49) on the treatment of acute pneumonia by sodium nucleinate, had obtained a box of ampoules of the drug, and so we were able to use it at the very commencement of a case of pneumonia.

The patient was a strong young man, aged 18, who insisted on playing a game of Rugby in a tearing east wind and hard frost when he already had a bad cold. After the game he complained of severe pains in the chest and pneumonia was suspected, but no signs of it were found. He made a good tea and dinner and went to bed with a temperature of 99.8°. The next day he had breakfast in bed; his temperature was normal and the pains had gone. He was kept indoors all day, and about tea-time suddenly began to feel very ill. His temperature was then 104°, and afterwards rose to 105.6°; the pulse was 144, and the respirations 38. He was violently sick and afterwards coughed up a fair amount of blood mixed with phlegm. He was then developing early signs of consolidation in the right lower lobe of the lung. He was removed to hospital that evening and was given injections of sodium nucleinate every four hours (ampoules of 2 c.cm. containing 0.05 gram in 1 c.cm.), together with half-drachm doses of sodium bicarbonate and glucose. There was a crisis within twenty-four hours, and the youth was convalescent at the end of a week.

In this case we are convinced that the youth was acutely ill and in for a life-and-death struggle, but four doses of sodium nucleinate produced a remarkable alteration. If, as is supposed, sodium nucleinate stimulates the white corpuscles there must be a great field for its use in other forms of infection—such, for example, as puerperal fever. At any rate it is used at Edinburgh in one dose of 1 c.cm. of a 5 per cent. solution before abdominal operations.

We consider that it should be in the armamentarium of every practitioner for use at once in pneumonia, and that it should be tried in other forms of bacterial infection. It can be obtained from F. H. Mertens, 64, Holborn Viaduct, the British agents of Clin et Cie, St. Jacques, Paris.

P. S. HICHENS, M.D., F.R.C.P.,  
R. E. GIBSON, M.B., Ch.B.

Guernsey.

<sup>1</sup> Macfie: *Journal of Tropical Medicine and Hygiene*, February 16th, 1920.

On December 23rd, 1927, there passed away, in the person of Dr. M. J. MAHONY, D.S.O., T.D., Stoneycroft, a distinguished soldier and doctor and a well beloved citizen of Liverpool. After taking his medical degree at the Royal University of Ireland Dr. Mahony settled in practice in the Old Swan district of Liverpool in 1892. He became medical adviser to the many Roman Catholic charitable institutions in the neighbourhood, and by his ability, cheerfulness, and sympathy soon won the devoted admiration of all classes and creeds. At the time of the South African war he joined the Volunteer Force as a combatant officer, and served with the Special Service Company attached to the 1st King's Regiment (Liverpool), being awarded the South African medal with four clasps. Shortly after his return home he resigned his combatant rank and became medical officer of his battalion. At the outbreak of the great war Dr. Mahony went to France with the 9th King's as major in the R.A.M.C. Later, in 1915, he was invalided home, but rejoined for active service with the 5th King's on the Somme in 1916. He was one of the first officers in the 55th Division to be awarded the D.S.O., and received his decoration on the field from Field-Marshal Haig. He was also awarded the Médaille de Reconnaissance Française. Dr. Mahony (a colleague writes) was one of the founders of the Hospice for the Dying, Old Swan, and he never spared himself in connexion with works of a charitable nature. He was greatly loved in a wide circle, and his funeral service was literally and obviously a tribute from loving friends.

Dr. THOMAS TOMBLESON BRUNYATE, who died on January 1st, at his home in Woodstock, at the age of 61, was a scholar of Christ Church, Oxford, and won an entrance scholarship in natural science at St. Mary's Hospital. He graduated M.B., B.Ch.Oxon. in 1892, and proceeded M.D. in 1894. After graduation he held the post of house-physician to the hospital, and subsequently commenced practice in Rochester, being appointed physician to St. Bartholomew's Hospital in that city. About twenty years ago he went to Woodstock in order to be nearer to his University, where he associated himself particularly with post-graduate work in connexion with the Radcliffe Infirmary. He leaves a widow and three children, of whom two are destined for the medical profession. A colleague writes: Dr. Brunyate always retained his interest and ability in the science of mathematics, including its teaching. Throughout his life he was a keen lover of nature. In his early days he was no mean oar, and later an excellent golfer and tennis player. His life was lived in the admiration and affection of his colleagues, who will long treasure his memory, and his death evoked an extraordinary tribute of respect from the whole neighbourhood in which he worked.

Dr. JACOB SOLIS COHEN, who died recently in Philadelphia at the age of 89, served as assistant surgeon in the 20th Pennsylvania Regiment in 1861, after which he transferred to the navy and took part in Dupont's expedition to Port Royal and the South Atlantic blockading activities during the American civil war. In 1866 he commenced civilian practice, and specialized in diseases of the throat and chest. He was professor of laryngology at the Jefferson Medical College, emeritus professor of diseases of the throat in Philadelphia, and consulting physician in a hospital for mental diseases in Pennsylvania. He was president of the Northern Medical Association in 1875, and published a number of treatises on diseases of the throat.

The following well known foreign medical men have recently died: Dr. HENRY MILLS HURD, emeritus professor of psychiatry at Johns Hopkins University, and formerly superintendent of the Johns Hopkins Hospital, and editor of the *Bulletin of the Johns Hopkins Hospital*; Dr. PRENANT, professor of histology in the Paris faculty of medicine; Dr. THEODOR BÜDINGEN, director of the sana-

torium at Constanze, who introduced a method of treating heart diseases by intravenous injection of glucose; Dr. PAUL MANASSE, professor of oto-rhino-laryngology in the University of Wurzburg, aged 62; Professor HANS LEO, formerly director of the Bonn Pharmacological Institute, aged 74; Professor GROSS, honorary dean of the faculty of medicine at Nancy, aged 83; Dr. VINCENT RAMARONI, senior surgeon at the civil hospital at Bastia and Commander of the Crown of Italy; Dr. OTTO HILDEBRAND, emeritus director at the Charité Hospital and professor of surgery at Berlin University, aged 69; Professor B. BRAUNSCHWEIG, professor of ophthalmology at Halle University, aged 68; and Dr. JOSEPH THOMAYER, professor of neurology at the Prague faculty of medicine, and corresponding member of the Société de Neurologie of Paris.

THE LATE DR. ALEXANDER BLACKHALL-MORISON.—Dr. Robert Carswell (Wandsworth) writes: Perusal of the obituary notice in your issue of January 7th leads me to write that the late Dr. Blackhall-Morison was the third president of the National Medical Union, in succession to Mr. G. A. Wright of Manchester and Professor William Russell of Edinburgh. He joined the Union in 1915 largely as a tribute to the memory of his brother, Dr. Basil Gordon Morison of Islington, who was an original member. Becoming himself keenly interested in the work, he never lost an opportunity of diffusing, by voice or pen, a spirit of broadminded, cultured, and kindly independence, as far removed from bigotry on the one hand as from time-serving expediency on the other. His general attitude towards medical polity is well expressed in an entertaining little pamphlet, *Aesculapius Bound and Unbound*, published by the Union in 1921, and obtainable from the secretary, Dr. E. H. Worth of Streatham.

## Universities and Colleges.

### UNIVERSITY OF LONDON.

THE following candidates have been approved at the examination indicated:

M.D.—BRANCH I (*Medicine*): Enid A. Ceiriog-Cadle, Gwendolen C. Cotton, W. Evans, Una C. Garvin, Alice M. C. Macpherson, A. C. T. Perkins, Evelyn N. Popper, T. W. Preston, W. G. Sears, H. K. Snell. BRANCH III (*Psychological Medicine*): I. Atkin, Florence M. Gamble. BRANCH IV (*Midwifery and Diseases of Women*): R. A. Brews, Dorothea A. C. Hunt, R. G. Maliphant.

### UNIVERSITY OF BIRMINGHAM.

THE following candidates have been approved at the examination indicated:

M.D.—L. C. Hill, \*A. V. Neale, J. A. Scott, W. Summers. M.B., CH.B.—Mary E. A. Allen, C. C. Crookson, L. H. Crosskey, J. F. Duesbury, A. M. Ghaith, R. D'A. Gifford, D. V. Hague, S. K. Mansor, W. H. Shillock, F. Smith, R. W. W. Watson.

\* With honours.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

#### Lecture Arrangements.

IN addition to the six Hunterian lectures by Sir Arthur Keith on factors concerned in the growth of the human body, announced last week, the following further lectures will be given at the Royal College of Surgeons of England on the dates indicated at 5 p.m.:—January 30th—Professor W. E. M. Wardill: Certain aspects of cleft palate, with observations on the causes of defective speech and the remedies proposed for their treatment; February 1st—Mr. H. S. Souttar: New methods of surgical access to the brain; February 3rd—Mr. E. Miles Atkinson: The pathology, diagnosis, and treatment of abscess of the brain; February 6th—Sir Percy Sargent: The surgery of the posterior cranial fossa; February 8th—Mr. G. Grey Turner: The treatment of congenital defects of the bladder and urethra by implantation of the ureters into the bowel, with a record of 14 personal cases; February 10th—Mr. J. H. Sheldon: An undescribed disease of bone; February 13th—Dr. Adolphe Abrahams: The physiology of violent exercise in relation to the possibility of strain; February 15th—Mr. Alexander Fleming: Lysozyme, a bacteriolytic ferment normally present in tissues and secretions; February 17th—Dr. Ida C. Mann: The regional differentiation of the vertebrate retina; February 20th—Mr. C. E. Shattock: Pathological specimens in the museum; February 22nd—Mr. C. P. G. Wakeley: Investigations into the surgical diseases of the salivary glands, including their pathology and treatment; February 24th—Mr. W. D. Newcomb: The relationship between peptic ulceration and gastric carcinoma.

## The Services.

### DEATHS IN THE SERVICES.

COLONEL FITZROY BERESFORD MACLEAN, Army Medical Service (ret.), died at Oban on December 22nd, 1927, aged 73. He was born at Chatham on June 13th, 1854, the fourth son of Surgeon-General Andrew Maclean, A.M.D., of Drimnin, Morvern, and was a descendant of the famous old Highland family of Maclean of Duart, though the lands of Drimnin passed out of the possession of his family rather more than a century ago, about 1820. He was educated at Epsom College and at Guy's, and took the M.R.C.S. in 1877 and the L.R.C.P.Ed. in 1878. Entering the army as surgeon on March 6th, 1880, he attained the rank of colonel on February 6th, 1908, and retired on June 13th, 1911. During the great war he was re-employed as A.D.M.S. at Bedford. Colonel Maclean was one of a family of twelve, his eldest brother being the late Kaid Sir Harry Aubrey de Vere Maclean, K.C.M.G., commander-in-chief of the Sultan of Morocco's army. In 1889 he married Mary Norris, daughter of the Rev. J. Erskine, rector of Wycliffe, Yorkshire, who survives him. He was a member of the British Medical Association.

Lieut.-Colonel Albert Halahan L'Estrange, R.A.M.C.(ret.), died in Dublin on November 18th, 1927, aged 83. He was born on October 8th, 1844, and educated at the Ledwich School, Dublin, taking the L.R.C.S.I. and L.K.Q.C.P. in 1867. Entering the army as assistant surgeon on March 31st, 1866, he became surgeon-major after twelve years' service, and retired on April 25th, 1888. He served in the Perak campaign, in the Malay Peninsula, in 1875. As a regimental medical officer, in his early years of service, he served in the 8th Foot or King's Regiment, now the King's Regiment (Liverpool).

Lieut.-Colonel Robert Basil Boothby Foster, Indian Medical Service, died in Dublin of pneumonia on December 5th, 1927, aged 51. He was the second son of the late Rev. Robert Foster, chaplain of the Royal Hibernian Military School, and was educated at Trinity College, Dublin, where he graduated B.A. in 1899, and M.B., Ch.B., and B.A.O. in 1900. He took the D.P.H. at Cambridge in 1907. Entering the Indian Medical Service as lieutenant on January 29th, 1901, he became lieutenant-colonel on July 29th, 1920, and had recently been placed upon the selected list for promotion. He served in East Africa, in the Somaliland campaign of 1903-4 (medal and clasp); in the recent great war, 1914-18, in Egypt and Mesopotamia (star, medal, and Victory medal); and on the North-West frontier of India, Afghanistan, 1919 (medal and clasp). For several years past he had been in civil employ in Madras. In January, 1924, he was appointed superintendent and second surgeon of the Madras General Hospital, with attached duties as port and marine surgeon and professor of hygiene, but was on six months' leave at the time of his death. On his return to duty he was to have taken up the post of civil surgeon of Ootacamund. He married, in 1921, Millicent Wyndham Ball, who survives him.

## Medical News.

MR. C. J. BOND, C.M.G., F.R.C.S., will give the Galton Lecture at the Rembrandt Hotel, Brompton Road, on Thursday, February 16th, when the Eugenics Society is giving the Galton anniversary dinner at 7.30 p.m. The subject of the lecture is "The distribution of natural capacity in the population and the need for a national stocktaking."

THE Hunterian Lecture will be delivered before the Hunterian Society of London at the Mansion House on Monday, January 16th, at 9 p.m., by Dr. Howard Kelly (of Johns Hopkins Hospital, Baltimore, U.S.A.), who has chosen as his subject "Rubbing and reasoning."

DR. ANDREW BALFOUR, director of the London School of Hygiene and Tropical Medicine, will lecture on behalf of the King Edward's Hospital Fund for London at the North London Collegiate School for Girls, Camden Road, on Thursday, January 26th, at 5 p.m., on "How science has made tropical countries healthy for white peoples."

THE annual general meeting of the Society of Superintendents of Tuberculosis Institutions will be held at 122, Harley Street, on Friday, January 20th, at 3 p.m. Dr. W. Brand will open a discussion on pros and cons of tuberculosis propaganda.

THE first of the present series of lectures arranged by the Fellowship of Medicine will be given on January 16th by Sir James Purves-Stewart at 11, Chaudos Street, Cavendish Square, at 5 p.m., on acute drunkenness. At the Royal Eye Hospital, St. George's Circus, there will be a clinical demon-

stration by Mr. Letchworth on January 19th, at 3 p.m. The lecture and the demonstration are free to medical practitioners. Next week there will be a surgical demonstration and a medical demonstration in addition to a lecture and an ophthalmic demonstration. A special whole-day course in cardiology begins at the National Hospital for Diseases of the Heart on January 16th, and will last for a fortnight; the numbers are limited to twenty. On January 17th will be given the first of eight lecture-demonstrations on psychological medicine at the Bethlem Royal Hospital on Tuesdays and Saturdays, at 11 a.m. In February there will be five special courses—namely, a whole-day course, continuing for a fortnight, in diseases of children at the Paddington Green Children's Hospital and the Victoria Hospital for Children; an afternoon and evening course at the Lock Hospital, lasting four weeks; and an afternoon course in dermatology at St. John's Hospital from January 30th to February 25th; a whole-day course in medicine, surgery, and the specialties at Queen Mary's Hospital, Stratford, from February 20th to March 3rd; and a general course in neurology at the National Hospital, Queen Square, from January 30th to March 23rd, comprising clinical lectures and demonstrations, teaching in the out-patient department, pathological lectures and demonstrations, lectures on the anatomy and physiology of the nervous system, and a series of demonstrations of methods of clinical diagnosis in diseases of the nervous system. Further information, syllabuses, tickets, and copies of the *Post-Graduate Medical Journal* may be obtained from the secretary of the Fellowship, 1, Wimpole Street, W.1.

A SPECIAL course in methods of examination and diagnosis will be given on Mondays and Wednesdays, at 1.30 p.m., at the Central London Throat, Nose, and Ear Hospital, Gray's Inn Road, W.C.1. The series opens on January 16th, when Mr. R. J. Cann discusses hearing tests, and ends on February 1st, when Mr. Norman MacKeith will deal with the examination of the larynx.

A POST-GRADUATE course in genito-urinary diseases will be given at St. Paul's Hospital, Endell Street, W.C.2, during February and March. The first lecture, by Mr. Frank Kidd, on February 2nd, at 4.30 p.m., will be on some new devices in urinary surgery. The course will conclude with one by Sir T. Carey Evans, on March 22nd, on stone in the bladder, with special reference to treatment by litholapaxy. No fee will be charged for attendance at the lectures, and medical practitioners and students are invited to attend any branch of the work in which they are interested. Tea will be served at 4 p.m.

IN the absence of Viscount Cave Sir John Bland-Sutton, Bt., presided at the quarterly meeting of the Grand Council of the British Empire Cancer Campaign, held on January 9th. The chairman reported that the King had graciously consented to become patron of the campaign. Sir Richard Garton, in submitting the report of the Finance Committee, announced that a trust fund had been created by the executors of the late Mr. William Johnston of Liverpool, to be known as "The Aileen Congreve Memorial Fund," which amounted to £18,147. Of this sum £16,000 would become a permanent trust, the interest being applied to cancer research work in Liverpool, through the scientific committee set up in connexion with the Lancashire, Cheshire, and North Wales Council of the campaign, now in process of formation. The chairman of the Finance Committee also reported that an anonymous donation of £10,000 had been received through Sir Basil Mayhew, and that the interest on this would be available for the general research work fund. A sum of £3,000 was granted towards the maintenance of the cancer research laboratories of the Middlesex Hospital, and £900 for the year's maintenance of the special radiological research department. The grant of £600 to the Cancer Research Committee of the London Association of the Medical Women's Federation was renewed for the ensuing year. Progress was reported in respect of the Cornwall Council of the campaign, from which a donation of £1,000 had been received, and an inaugural meeting had been held for the formation of a Nottingham Council of the campaign. It was announced that an international convention on cancer research was being convened for next July at the house of the Royal Society of Medicine, with Sir John Bland-Sutton as president, and that the work of the convention would be divided into the following sections: Pathological, Diagnosis, Medical Treatment, Surgical Treatment, Radiological Treatment, and Public Health and Statistics. Invitations are being sent to all parts of the world to those whose names are closely associated with modern research into the cancer problem, and all the universities and medical schools of the United Kingdom will be invited to send delegates. The chairman of the Convention Committee, Mr. J. P. Lockhart-Mummery, reported that Sir Richard Garton was making a generous donation towards the expenses of the convention, and that no part of the campaign's funds would be used in connexion with it.

THE King of Spain has conferred the Grand Cross of the Order of Civil Merit on Dr. Aldo Castellani, C.M.G., director of tropical medicine at the Ross Institute and Hospital, Putney, who has lately visited Madrid to lecture on the subject of malaria.

THE Minister of Health has issued a circular (No. 839) to county councils requesting them to accelerate the improvement of houses in rural districts in accordance with the provision of the Housing Act of 1926, which enables financial grants to be made, in approved cases, for the repair of dwellings in rural areas and the conversion into dwellings of buildings not previously used for that purpose. It is suggested that the opportunities afforded by the Act should be more widely advertised, and that there should be more active co-operation between the county and county district councils in dealing with rural housing.

DR. H. G. K. YOUNG, on relinquishing, through ill health, his practice at Braintree, which he carried on for twenty-two years, has been presented by his friends and patients with a Waterford cut-glass bowl and a cheque for £350.

DR. F. O'SULLIVAN of Cwm has been presented with a gold watch in recognition of the services rendered by him after the Cwm explosion. The watch bears an inscription recording that he was the first medical man to descend the Marine pits after the explosion on March 1st, 1927.

ACCORDING to the weekly diary card of the Royal Society of Medicine portraits of the presidents of the society from the foundation of the Medico-Chirurgical Society in 1805 up to the present time are being collected and framed for hanging in the president's room at 1, Wimpole Street. Portraits of the following presidents are missing: Edward Stanley, F.R.S., Joseph Hodgson, F.R.S., Caesar Henry Hawkins, F.R.S., Sir Charles Locock, Bt., M.D., F.R.S., Charles West, M.D., Andrew Whyte Barclay, M.D., George David Pollock. In order to make the historical collection complete gifts of engravings or photographs of the past presidents missing from the series, or information as to where they can be obtained, will be welcomed by the society.

MR. HENRY S. WELLCOME has presented a replica of the Lister collection at the Wellcome Historical Medical Museum to the American College of Surgeons in commemoration of the centenary of Lister's birth. The Board of Regents of the College passed a resolution of thanks to Mr. Wellcome, in which it is mentioned that this exhibit was the outstanding feature of the Lister centenary celebration of the College at its clinical congress in Detroit last October, when the presentation was formally made.

REPRINTS of papers published by members of the staff of the Middlesex Hospital Medical School during 1926 and 1927 have now been bound together in one volume, with an index, which may be consulted at the Library of the British Medical Association.

UNDER the will of the late Mr. A. B. Bosher the City of London Corporation have, after careful investigation, awarded the sums indicated to the following hospitals: £6,000 each to Guy's, London, and St. Thomas's; £5,000 to Middlesex; £4,000 to St. Mary's; £3,000 each to St. Bartholomew's, Royal National Orthopaedic, Royal Northern Group, St. George's, University College, and West London; £2,000 each to Charing Cross, King's College, Metropolitan, Royal Free, and Westminster; £1,000 each to City of London Hospital for Diseases of the Heart and Lungs, East London Hospital for Children, Hampstead General and N.W. London, London Fever, London Temperance, and Queen's Hospital for Children (and branch); £500 each to Belgrave Hospital for Children, East End Mothers' Lying-in Home, Elizabeth Garrett Anderson, London Lock, Miller General, Mother's Hospital (Salvation Army), Queen Charlotte's Maternity, and St. Paul's Hospital, Endell Street; £400 each to Central London Throat, Nose, and Ear, and Chelsea Hospital for Women; £300 each to St. John and St. Elizabeth, St. John's, Lewisham, and South-Eastern Hospital for Children; £250 each to Mildmay Mission and St. Peter's Hospital for Stone, etc.; £200 each to British Hospital for Mothers and Babies, the Hospital for Epilepsy and Paralysis, Kensington, Fulham, etc., General Hospital, North Islington Infant Welfare Wards, Paddington Green Children's, Samaritan Free Hospital for Women, and West End Hospital for Nervous Diseases; £100 each to Central London Ophthalmic, St. John's Hospital for Diseases of the Skin, and Streatham Babies'.

THE first case of chimney-sweep's cancer met with in Scandinavia is reported by Dr. Gustav Guldberg of Oslo in the November-December issue of *Norsk Magazin for Lægevidenskab*.

THE German Society for Combating Quackery will hold a congress on February 28th, on the occasion of the twenty-fifth anniversary of its foundation, when a discussion will be held on the best method of dealing with charlatanry.

THE date of the next congress known as *Journées Médicales de Paris* is May 19th, 1929. Further information can be obtained from the general secretary, Dr. Tixier, 18, Rue de Verneuil, Paris VIIe.

ACCORDING to the New York correspondent of the *Times*, Mr. Albert D. Lasker and his wife have presented to the University of Chicago a million dollars as an initial gift towards the setting up of a "Lasker Foundation for Medical Research" to investigate the causes, nature, prevention, and cure of degenerative diseases.

IN a weekly bulletin issued by the city of New York Department of Health hospital superintendents have been reminded that all cases of miscarriage or abortion should be reported immediately by telephone to the department. It is stated that there has been some laxity and delay in reporting these cases, thus preventing investigation of any illegal operation that may have been performed.

THE following appointments have recently been made in French medical faculties. Bordeaux: Dr. Villemin, professor of anatomy in succession to the late Professor Picqué; Dr. Petges, professor of skin diseases and syphilis in succession to Professor Dubreuilh; and Dr. Teulier, professor of ophthalmology in succession to Professor Lagrange. Lyons: Dr. Favre, professor of morbid anatomy in succession to Professor Paviot; and Dr. Froment, professor of medical pathology in succession to Professor Collet.

PROFESSOR ERICH HOFFMANN, director of the Skin Clinic at Bonn, has been elected an honorary member of the Medical Academy of Rome.

DR. A. LESAGE, a well known Paris paediatrist, has been elected a member of the Académie de Médecine in the place of the late Dr. Méry.

THE Société de Médecine of Le Mans and the Department of Sarthe recently celebrated its centenary, when an address was given by Dr. Paul Delaunay, the well known medical historian.

## 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, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 24361 Edinburgh).

## QUERIES AND ANSWERS.

"B. D. F.," a medical man, married, suffering from hemiplegia, wishes to hear of a home or suitable hospital which offers moderate terms, with efficient nursing.

### DEATHS FROM LOCAL ANAESTHESIA.

DR. GEORGE CANUYT, professor of oto-rhino-laryngology at Strasbourg, would be glad to have details sent him of any deaths from local anaesthesia. Letters should be addressed to him at the Clinic Oto-rhino-laryngologique, Hôpital Civil, Strasbourg.

### STERILIZATION OF SYRINGES.

IN reply to the inquiry by "Intramuscular" (November 12th, 1927, p. 905) as to keeping syringes and needles sterile without boiling, Dr. J. W. TOMB (Assol, Bengal) cites an article by himself entitled "A useful hypodermic outfit," which was published in the *Indian Medical Gazette* of January, 1925 (p. 32), and reproduced in the *Tropical Diseases Bulletin* for October, 1925 (p. 778).